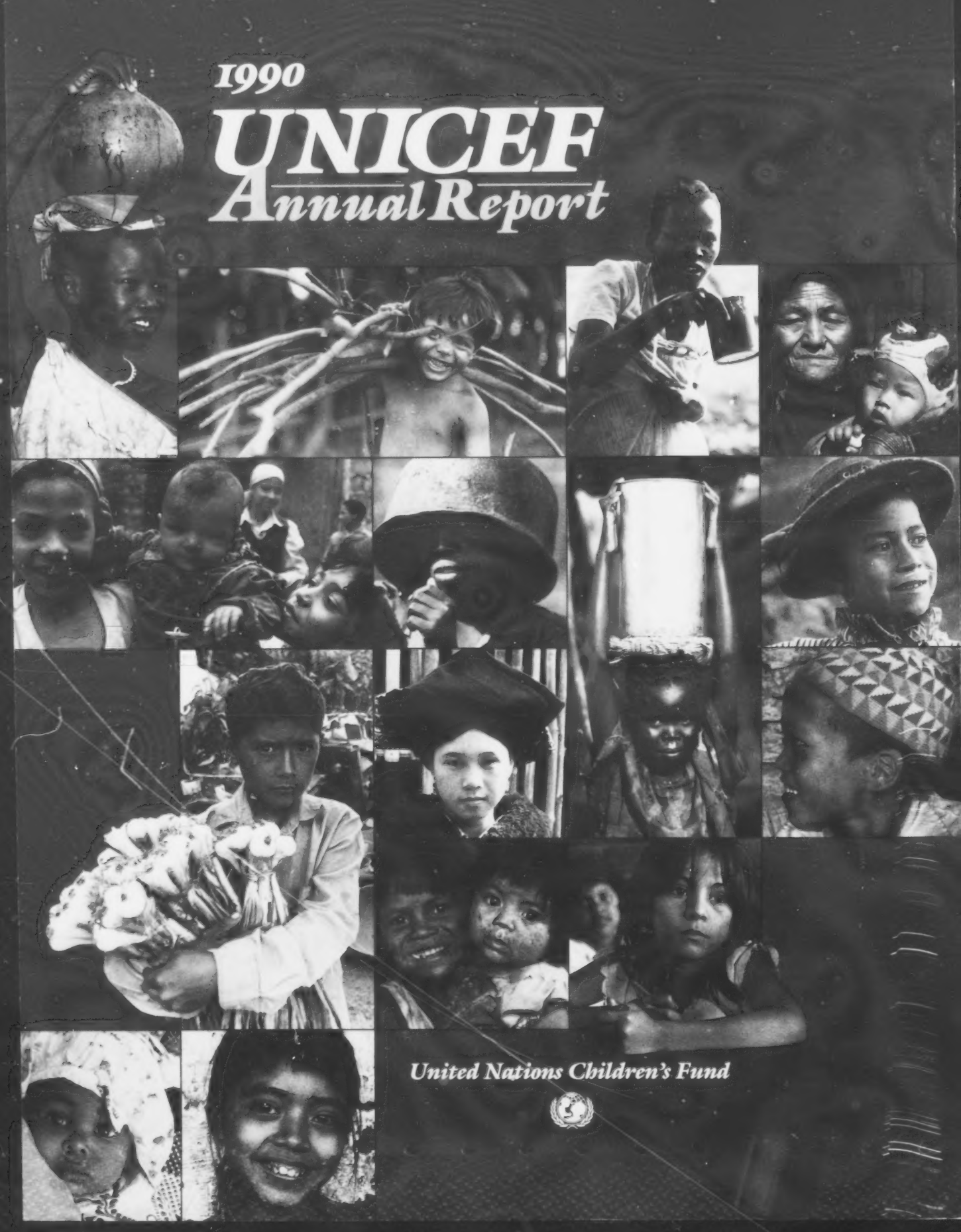
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Annual Report
United Nations Children's Fund

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1 August 1989 to 31 July 1990

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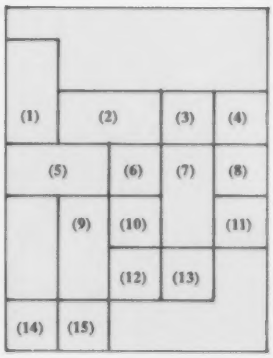

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Introduction

by the Executive Director, James P. Grant

We have entered the 1990s on a new wave of international concern to protect children and provide for their special needs. In December 1989 the 159 Member States of the United Nations unanimously endorsed the Convention on the Rights of the Child, promising the younger generation a place at the top of national agendas. United Nations Secretary-General Javier Pérez de Cuéllar has announced plans to follow up with a World Summit for Children, to be held at United Nations Headquarters (29-30 September 1990). This will be the first high-level forum of its kind, enabling national leaders to focus exclusively on issues affecting the future of their children. It will also be the first ever North-South-East-West summit which literally brings together heads of government from all four corners of the world.

These are enormously encouraging developments. The bywords of the Convention are survival, development and protection, and the standards it has established against neglect, exploitation and abuse will provide the framework for Summit discussions.

UNICEF/3563/89/Mera

This public marriage of the Convention and its moral imperatives to the political agendas of individual leaders looms especially large against the record of the past decade. During the 1980s UNICEF, with WHO and its sister United Nations agencies, has helped to pioneer a series of low-cost health measures to safeguard the lives of infants and young children, demonstrating beyond a shadow of doubt that the international community has some very powerful tools for progress at its fingertips. Immunization coverage increased from less than 10 per cent in 1980 to about 70 per cent today, now saving the lives of at least two million children under five each year. The incidence of polio has also been reduced, and there is hope that it will be eradicated. This is one of the goals of the next decade. ORT against diarrhoeal dehydration, the number-one child killer, prevented almost one million child deaths in 1988, and breast-feeding made a spectacular comeback in many industrialized countries. An additional 700 million people in the developing world gained access to safe drinking water, and much was learned about the control of micronutrient deficiency diseases such as anaemia, xerophthalmia, goitre and cretinism. As parents have gained confidence that their children will survive them, life has become less of a gamble, and couples in many developing countries are now consciously planning smaller families.

Positive as these trends have been, however, developing nations have realized only a fraction of the potential offered by basic health technologies. As we embark on the last decade of the 20th century, armed with the Convention on the Rights of the Child and our hopes for the Summit, we would do well to remember that meetings, words and promises alone will not save lives or soften the environments in which our children are expected to grow. We might reflect

for a moment on IYC (1979) and the promises which that occasion also generated for a revolution in CSD. We were moved at the time to observe that every year should be the Year of the Child, and clearly things have not turned out that way.

At the time of IYC we had the knowledge and technologies to save 100 million child lives by the year 2000. After 10 years we had saved just seven million, and our target for the 1990s is now 50 million.

What we were unable to foresee in 1980 was the crushing impact which falling commodity prices, third world debt and national economic adjustment programmes would have on our projections for the developing world. National economies shrank, external sources of financing dried up, and the first bite of economic restructuring was felt by the poorest families. Workers were laid off, currencies were devalued, food prices rose and social spending was cut. An analysis of government spending for 57 developing countries in the first half of the decade showed that real health expenditure per capita declined in most of Africa and Latin America, and that per capita government support for food subsidies declined in eight out of the 10 countries for which comparable data could be found.

Per capita public investment in primary schooling also fell in two thirds of the developing countries for which we had data during the 1980s, leaving almost 100 million children without hope of formal education. We must turn that situation around. In 1989 UNICEF helped to lay the groundwork for a 1990 World Conference on Education for All – an event we are co-sponsoring with UNDP, UNESCO and the World Bank in an effort to revive primary education and adult literacy, and the mobilization of all forms of the media as a 'third channel' of education for all.

A revolution in communications has placed new audiences at our doorstep. Radio, television and satellite connections have given us the capacity to educate families that were previously beyond the reach of conventional government services. If we can give those people the necessary knowledge, they can do much of the rest. If the media can make Coca-Cola and Pepsi household names in the far corners of the developing world, surely we can do the same for a 10-cent packet of ORS and a simple message: 'It Saves Lives'. The effective use of modern communications to create demand and mobilize people on their own behalf is essential if we are to step beyond the pioneering efforts of the 1980s.

With new efforts of national mobilization and a new international optic on human progress our most urgent goals for children can be achieved in the 1990s. Over the next decade we can reduce by a third the mortality rates for infants and young children, and for mothers in childbirth. We can virtually eliminate severe malnutrition. We can eradicate polio, eliminate neonatal tetanus, and immunize at least 80 per cent of young children against other diseases which maim and kill. We can reduce child deaths due to diarrhoea by 70 per cent and we can cut ARI mortality by 25 per cent. We can virtually eliminate blindness caused by vitamin A deficiency. The list of doable propositions goes on and on. But if the international community is to honour its moral obligations towards children and give more than lip-service to the ideals of the Convention, our leaders will first have to look at the world and their priorities afresh.

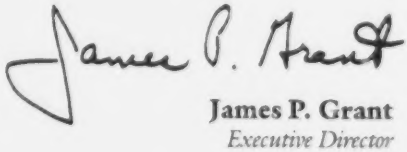
UNICEF's call for 'adjustment with a human face' has highlighted the impact of economic restructuring on the most vulnerable communities and their children. We have argued with traditional economists and planners that the final measure of national growth is not the upward curve of GNP but human progress measured by human factors such as reduced hunger and malnutrition, increases in life expectancy, lower child death rates, and access to health services and education.

Development in the 1990s should be judged by human indicators, not economic variables. For growth to be sustainable, nations must protect and develop their human capital. Leaders must consider nutrition as well as inflation, food intake as well as the balance of payments, shortfalls in household income as well as government budget deficits. They must give first call to those whose development will shape tomorrow's world.

If present trends continue, more than 100 million children will die during the 1990s – half of them from three common diseases which could be treated or prevented for a few cents per child. The survivors will be left to muddle through in communities where schools have no teachers, where clinics lack drugs or trained health workers. As President Mugabe of Zimbabwe has said: "Few scourges in human history can claim so many victims as today's debt crisis".

The debt crisis alone however does not explain the lost opportunities of the 1980s. We live in a world where a child can be immunized for US$1.50, treated against infection with antibiotics for a dollar and rescued from death by dehydration with a sachet of ORS costing 10 cents. The central issue is commitment in a world that could meet the basic needs of the poorest and most vulnerable of our children with an investment of just US$2.5 billion a year. This sounds like a lot of money, but it is just two per cent of the poorer nations' annual arms expenditure and would barely cover the Soviet Union's vodka bill for a month. American tobacco companies spend as much on cigarette advertising each year.

We desperately need a new ethic and sense of moral proportion, and in this new era of international peacemaking, freedom and openness, this year of the World Summit for Children, perhaps we shall find them. Our leaders have no reason to doubt what can be done. They have the tools to ensure that their children thrive – not merely survive. The new decade is very much in their hands.



James P. Grant
Executive Director

Programmes

1989 – A review

As nations inched open their doors to disarmament, peace and human freedoms in 1989, mankind was challenged as never before to think about a common future. Walls of distrust and political division began to crumble, and leaders began to speak openly of shared responsibilities for the planet, its resources and the children who would inherit them.

One tangible expression of the hopes shared by so many nations was the General Assembly's unanimous adoption of the United Nations Convention on the Rights of the Child, which set minimum standards of protection for children everywhere against exploitation, physical abuse and the neglect of their physical and emotional needs. The passage of the Convention on 20 November after 10 years of formulation and negotiation is a landmark challenge to rich and poor nations alike to give their children the best they have to offer.

A World Summit for Children is planned for 1990. This will be the first-ever meeting of heads of State from North, South, East and West – from both developing and developed countries, and from countries of Eastern and Western Europe. The focus will be on the doable agenda of priority action for children in the 1990s, and how the implementation of such actions can be accelerated by both national and international efforts. The meeting will cover the Convention and the special needs of children.

Global initiatives to 'put children first' were also reflected during the year in the observance of 'days of tranquillity', which enabled children to be immunized in war-torn El Salvador, and through the establishment of 'corridors of peace' in Sudan for the delivery of humanitarian relief to children and women in the south of the country.

UNICEF/3896/89/Murray-Lee

UNICEF/3747/89/Cnecliano

There is growing acceptance of the need to protect the poor of the developing world from the effects of structural adjustment.

UNICEF programme performance during 1989 reflected the general mood of optimism which seized the international community. Immunization coverage continued to expand dramatically, and UCI goals were achieved in 39 countries at the end of 1988. A substantial increase in that number is expected for end-1989. Almost 99 per cent of the population in 112 nations now have operational CDD programmes, and 60 per cent of the under-five population have access to ORT services. New programmes have been, or are being launched in response to the challenges of ARI and AIDS. PHC is being revitalized through the Bamako Initiative to play a central role in the achievement of 'Health for All' in the 1990s.

UNICEF-assisted drinking water supply programmes are reaching increasing numbers of people, especially in rural areas, and although the goal of the International Drinking Water Supply and Sanitation Decade will not be achieved by 1990, many countries will have developed sufficient physical and human infrastructure to carry them to the target of 'Clean Water for All' by the year 2000. The greater challenge, however, is in the area of sanitation services. Progress here has been limited, and the future expansion and sustainability of this element will depend on overall economic and social progress and support for education in particular.

The UNICEF programme approach to the advancement of women has been flexible, diverse and focused on the poorest and most seriously disadvantaged. The central objective, from literacy to income generation to food security, has been to integrate women's concerns in all areas of programming. Women-specific projects have been devised only when a country situation demands it as an intermediate step towards full integration.

The World Conference on Education for All will provide a unique opportunity for countries to review their education efforts, and UNICEF helped many countries in this area. UNICEF's own programme co-operation in education has focused on access to relevant education; on the need to improve educational opportunities for girls and women; and on the importance of community participation in the planning and management of education.

Although many initiatives were taken during the year, and many pilot projects were launched, 100 million children still lack the opportunity to be in school, and high rates of population growth suggest this number will increase. Articles 15 and 16 of the

ADJUSTMENT WITH A HUMAN FACE

UNICEF has been advocating 'adjustment with a human face' since 1983, when social indicators started to reflect the tragic consequences of structural adjustment programmes in many of the developing world's poorest communities. Since then there has been growing acceptance of the need to protect the poor by placing concern for human development ahead of crude economic indicators such as GNP. It has become all too clear to policy makers in rich and poor countries alike that national economic growth by itself is no guarantee against poverty.

Unfortunately, however, the development of interventions to safeguard the poor against structural adjustment policies is proceeding very slowly. There are two main reasons for this. The first is the inability of financial agencies to effectively operate buffer programmes. The second is the sad state of implementation at national level as governments struggle with declining revenues.

International sensitivity to the idea of putting human development and the needs of children first appears to be growing. Evidence of this in 1989 could be seen in the passage of the United Nations Convention on the Rights of the Child, in preparations for the March 1990 World Conference on Education for All (Jomtien, Thailand), and in the opportunity given to UNICEF's Deputy Executive Director, Programmes, to testify before the United States Congress in January and February on the need for adjustment with a human face.

During the year, UNICEF chaired a recently formed JCGP subgroup on adjustment and was a party to discussions by a small group of heads of United Nations agencies (ECA, ILO, UNDP, UNESCO, WFP) on specific adjustment problems in Africa. In May UNICEF gave testimony to the United Nations Secretary-General's advisory group on the precarious situation of African commodity exporters, and contributed to a study, 'Engendering Development in the 1990s', which was presented to the heads of Government of the Commonwealth in October. UNICEF is also a member of the steering group of the World Bank's initiative on the Social Dimensions of Adjustment, which is partly financed by UNDP and a number of bilateral donors.

Analysis and discussion of adjustment-related proposals were expanded during 1989 to cover a large number of countries including Argentina, Bolivia, Ecuador, the Gambia, Ghana, Guinea, Guyana, Kenya, Madagascar, Mozambique, the Philippines, Somalia and Tanzania. In countries such as Ecuador, Guinea, Mozambique and Somalia, UNICEF offices supported interministerial task forces on the priorities for social and economic programming. These meetings were also attended by other United Nations agencies and NGOs. The UNICEF International Child Development Centre in Florence held a seminar in Abidjan in April to lay the foundation for research on the effects of structural adjustment policies on human welfare in Africa south of the Sahara, and the role UNICEF could play in future interventions.

During the year, UNICEF also extended special assistance to the Philippines, which had been hard hit by the collapse of sugar prices, and to the Gambia, which was struggling to adjust to a slump in ground-nut prices. In Latin America, a publication, *The Invisible Adjustment: Poor Women and the Economic Crisis*, became a focal point for advocacy.

Following the example of the UNICEF programme of debt relief for child survival in Sudan, an agreement has been reached with the Inter-American Development Bank to establish a social investment trust fund in Latin America. The fund will be financed from a number of debt relief operations in the region. Arrangements for a special African Fund for Social Investment are also being studied. ■

United Nations Convention on the Rights of the Child emphasize children's right to education and encourage international co-operation to erase illiteracy and ignorance.

The education challenge for the 1990s is how to universalize access to educational opportunities to all children; how to make the systems more efficient, effective and relevant; how to spark a literacy revolution at low cost; and how to seize the emerging communications opportunities to disseminate the knowledge and skills needed for the well-being of the people. □

Child survival and development

Towards universal immunization

Global immunization coverage has continued to rise dramatically, with the incidence of immunizable diseases coming down markedly in many countries. By the end of 1988, 68 per cent of children in the developing world had received their three doses of DPT (diphtheria, whooping cough, tetanus) and polio vaccine by their first birthday. Coverage with anti-tuberculosis (BCG) vaccine had reached 75 per cent, and measles 60 per cent. Protection against measles, the largest child killer among the immunizable diseases, has almost trebled since 1981.

In 1986 only 15 countries had achieved the UCI goal of 80 per cent coverage of all antigens for children, but at the close of 1988, a total of 39 countries had done so. Given that an additional 37 countries had greater than 60 per cent coverage in 1988, it was expected that many more would in fact reach the UCI goal.

It is estimated that this steady rise in immunization coverage prevented more than two million deaths from measles, pertussis and neonatal tetanus during the year. Despite some excellent progress, however, it should be noted that gaps in immunization coverage result in about 2.8 million deaths from these same diseases each year. It would take several years of sustained coverage at levels of 80 per cent and above to stop transmission and lower levels of infection.

The numbers of pregnant women covered by tetanus toxoid remain below 40 per cent, and more than 750,000 infants died within 10 days of birth during the year because their mothers had not been immunized before or during pregnancy.

China has become a world leader on the immunization front. It set the pace in 1988 with national coverage levels that were above 95 per cent for all antigens. Its target for 1990 is to achieve better than 85 per cent coverage in every county. Bangladesh, India, Nepal, the Philippines and Viet Nam also made strong progress. India has an accelerated programme in all districts and is immunizing a significantly greater number of children every year.

The MENA region has averaged 70 per cent coverage or better for all antigens except tetanus toxoid for pregnant women, and there is an excellent possibility that all MENA countries could achieve UCI by the end of 1990.

In the Americas, national immunization days have been used successfully to improve coverage and to support the goal of polio eradication

UNICEF/3396/89/Sprague

UNICEF/3904/89/Murray-Lee

UNICEF/3690/89/Sprague

As countries achieve higher immunization coverage levels they are starting to pay special attention to more remote areas and population groups that so far have had no health services.

Let's go to the Posyandu

Radio listeners in rural Indonesia these days are just as likely to hear commercials for ORT as for Coca-Cola.

For almost three years, the state network, Radio Republik Indonesia, and 473 private commercial stations have been airing a variety of advertisements, mini soap operas and talk shows on subjects such as ORT, immunization, nutrition, breast-feeding, family planning, malaria control, hygiene and sanitation. Almost 50 per cent of all rural households in the country own a radio receiver, and it is estimated that about 52 million people tune in regularly to programmes which carry CSD messages.

This enhanced outreach through private stations was made possible by Indonesia's Association of Private Commercial Stations, following a UNICEF-supported workshop in 1986. The workshop trained radio producers and writers in the production of broadcasting programmes on MCH issues, and helped to stimulate interest in public service messages for children. Radio was used extensively throughout the rural areas in the 1970s and early 1980s to promote the 'Green Revolution', which transformed Indonesia from a major rice importer to an exporter, and it was hoped that a similar miracle could be performed in the area of mother and child health.

One of the prime commercial vehicles for the messages is a martial arts programme called *The Black Pearl*, which is broadcast weekly on 35 stations in the 11 most populated provinces. Between legendary battles in the Snake Jungle involving the great fighter Nyai Sulih and the evil Ardo Walika and his henchman Sarpa, listeners hear two-minute spots featuring the jingle 'Let's go to the Posyandu'*, complete with information about 'one-stop' integrated health services.

Radio Republik has been airing 16 similar advertising spots together with health talk shows and a 24-part series, *Flowers of Life*, on maternal and child care. The spots were developed in co-operation with the Centre for Health Education and UNICEF, which are currently working on a 52-part radio adaptation of *Facts for Life*. The *Facts for Life* series will be aimed at a national network of 54,000 listener groups which was developed for the Green Revolution and can be found in almost every village nation-wide. A typical group has about 30 members including community leaders, health volunteers, teachers and farmers, who listen in with a facilitator to guide discussions, answer questions and help with follow-up action.

Radio is the medium of choice for Indonesia's rural poor. A reliable single-band radio can be obtained for US$3-US$5 and has the great advantage that even the very young, the elderly and the illiterate can share the entertainment and information that it conveys.

Extensive use was made of radio during a six-month-long ORT campaign in South Sulawesi Province in 1988-1989. During that period, the Department of Health, with technical and financial assistance from UNICEF, produced advertising spots for home-made ORS and a generic brand known as Oralit. The messages were aired 17,000 times over 15 radio stations, and USAID followed up later with support for a campaign along similar lines in West Java.

UNICEF/Wyatt 26

* Integrated village health post.

in the hemisphere by the end of 1990. The countries of the Caribbean have targeted 1995 for the elimination of measles.

Coverage for the eastern and southern Africa region has passed 50 per cent, and eleven countries have achieved the UCI target. Several countries, however, have been constrained by civil conflict and economic recession. West and central Africa pose the greatest challenge owing to a lack of infrastructure and severe economic difficulties. Nigeria is an exception, having doubled its coverage levels in the past year.

As countries have achieved higher immunization coverage levels, they have started to concentrate on less easily accessible areas and population groups which have long been without health services. Many have started to develop or strengthen health management information systems in order to assess the incidence of disease, mortality and coverage. UNICEF has been working closely with WHO to support these activities.

International co-operation for EPI has continued to flourish through inter-agency co-operation among WHO, UNICEF, bilateral donors and NGOs. Financial support from bilateral donors has increased, and Canada, Italy, Sweden and the United States provide support both through UNICEF and direct country channels. Japan has also started to support immunization activities in a number of countries. Rotary International has expanded its funding for polio vaccine and social mobilization activities in more than 80 countries.

UNICEF, WHO, the World Bank, UNDP and the Rockefeller Foundation continue to support the Task Force for Child Survival as a facility to promote UCI and other child health initiatives. The Task Force continues to publish the quarterly newsletter, *World Immunization News* (WIN), and has scheduled an international meeting in Bangkok (1-3 March 1990) to promote final efforts to achieve UCI/1990 targets and to develop an international consensus on strategies for achieving child survival goals during the rest of the 1990s.

UNICEF/3506/89/Watson

UNICEF/3507/89/Watson

UNICEF/3518/89/Watson

UNICEF helps to educate health workers in the preparation and use of traditional solutions to treat diarrhoeal dehydration.

Oral rehydration therapy/Control of diarrhoeal diseases

UNICEF offices in 112 countries are now involved in national CDD programmes, extending coverage to an estimated 99 per cent of the developing world. In some cases, UNICEF is the major source of support for these national efforts.

Recent global estimates suggest that almost 60 per cent of children under five years of age have access to a trained, regularly supplied provider of ORS, although regional access ranges from 75 per cent in Asia to just 25 per cent in Africa. The global use rate rose from 14 per cent to 19 per cent during 1987, the last year for which figures are available.

Increased access to, and use of, ORS is attributable in part to the continued expansion of ORS production. There are now 59 producer countries, and UNICEF has provided direct production assistance to more than half of them. It is estimated that in 1989 the equivalent of 350 million litres of rehydration salts were produced globally—up from 40 million litres in 1980. More than 75 per cent of this production was in the developing world. At least seven developing countries are now self-sufficient in ORS, and some export small quantities to neighbouring countries.

The use of ORT—either by ORS or a recommended home fluid—saved an estimated 750,000 young lives last year. At the end of 1987, almost one in three episodes of child diarrhoea was treated with ORT in health facilities or at home. Use of ORT was highest in Latin America where 35 per cent of all cases were treated with ORT, and lowest in Africa (15 per cent). The global target for ORT use by 1990 is 50 per cent.

UNICEF offices give extensive support to the improvement of diarrhoea management within health facilities and at home. Within health facilities this support has included:

» the improvement of national CDD action plans and/or treatment guidelines (Brazil, Democratic Yemen, Ethiopia, Guatemala, Kenya, Mali, Mexico, Mozambique, Namibia, Nepal, Niger, Pakistan, Papua New Guinea, Tunisia, Yemen Arab Republic, Zambia);

- improvements in ORS supply and distribution in non-producer countries (Botswana, Cameroon, Chad, Lao People's Democratic Republic, Mongolia, Somalia, Sudan, Uganda), and in those countries where local production fell short of needs (Algeria, Iran, Mauritius, Morocco, Myanmar, Pakistan, Viet Nam, Zambia, Zaire);
- the establishment of diarrhoea training units (DTUS) and ORT corners for training health workers at central and peripheral levels (Bangladesh, Bhutan, Botswana, Burundi, Cameroon, Colombia, Comoros, Democratic Yemen, Ethiopia, Guatemala, India, Madagascar, Malawi, Mongolia, Nepal, Pakistan, Philippines, Rwanda, Somalia, Sri Lanka, Sudan, Swaziland, Uganda, Viet Nam, Yemen Arab Republic, Zambia, Zimbabwe);
- efforts to curb the inappropriate use of antibiotics and anti-diarrhoeal drugs. In Nigeria, the use of public funds for the purchase of anti-diarrhoeals is forbidden, and similar steps have been taken in Ethiopia, India, Jordan, Pakistan and some other countries. UNICEF offices in the MENA region have been especially active in this area (Iraq, Jordan, Syrian Arab Republic, Tunisia, Turkey, Yemen Arab Republic). Efforts have been made through government officials to limit supplies and through public education and health worker training to reduce demand.

At household level, UNICEF has put emphasis on the increased use of available foods and fluids (Bhutan, Bolivia, Brazil, Comoros, Honduras, India, Malawi, Pakistan, Syrian Arab Republic). In Brazil, Nepal, Nigeria, Peru, Thailand and Zimbabwe, sugar-and-salt solutions are promoted nationally. In other countries the trend is towards traditional solutions such as coconut water (Comoros), sweet potato water (Papua New Guinea), rice water (Madagascar) and cereal-based mixtures in China, Ethiopia, Ghana and Zimbabwe. Research on other alternatives is continuing in Malawi, Kenya and Rwanda. Once effective solutions are identified, UNICEF helps to educate health workers in their preparation and use, as well as to design clear instructions so that mothers will understand why, when and how to administer them.

UNICEF/3387/89/Sprague

The use of ORT — either with ORS packets or a recommended home fluid — saved an estimated 750,000 young lives last year. Mothers are taught in simple language why, when and how to administer the low-cost remedy.

UNICEF/3673/89/Sprague

UNICEF/3502/89/Watson

Almost all UNICEF offices are involved in training. In Brazil, a major effort continues to train volunteer health workers in the poor and underserved north-east region, and in India, the efforts of the India Medical Association (IMA) to train 25,000 of its members nation-wide, will be evaluated in 1990. Other countries receiving UNICEF assistance with broad-based training strategies include Algeria, Bolivia, Colombia, India, Kenya, Lesotho, Nepal, Niger, Pakistan, Peru, Sri Lanka, Sudan, Turkey, Viet Nam, Zambia and Zimbabwe. Countries giving special attention to potential ORT providers outside the health sector include Bhutan, Djibouti, Iran (religious leaders), Nepal (Scouts, Jaycees), Egypt (local government officials), Turkey (primary school teachers), Lebanon, Somalia, Syrian Arab Republic, Tunisia, Turkey, Thailand (pharmacists).

UNICEF supports a variety of communications activities for CDD programmes. These include the preparation of materials for communications between health workers and mothers; the production of books, lesson plans,

and brochures for distribution in schools and among non-health sector groups; and the development of mass media messages for radio and television.

In recent years, increasing attention has also been directed to the prevention of diarrhoea, particularly in countries where improved treatment has substantially lowered mortality. In Egypt, UNICEF is leading a major effort to identify key behaviours in selected northern regions, to test communications messages designed to modify behaviour, and eventually to integrate these messages into the national CDD effort. Other preventive measures include the promotion of breast-feeding (Angola, Brazil, Central African Republic, Colombia, Ecuador, Egypt, Honduras, Jordan, Pakistan, Philippines, Zaire); improved nutrition (Afghanistan, Gambia, Ghana, Mongolia, Nigeria, Pacific Islands, Zaire); improved personal hygiene (Bhutan, Botswana, Jordan, Malaysia, Mongolia, Papua New Guinea, Tanzania); increased access to water and sanitation facilities (Afghanistan, Burundi, Egypt, Jordan, Kampuchea, Maldives, Mauritius, Mexico, Nepal, Pakistan, Papua New Guinea, Rwanda, Sao Tome and Principe, Sudan, West Bank and Gaza, Zimbabwe). In addition to designing interventions in these areas, several country offices are helping governments to evaluate their impact.

In the MENA region, emphasis has been placed on the establishment of sentinel surveillance systems to gather information for monitoring and evaluation (Democratic Yemen, Djibouti, Egypt, Iraq, Lebanon, Sudan, Turkey, Yemen Arab Republic). In Africa, preference has been given to a general improvement in health information systems as well as diarrhoea treatment surveys and comprehensive programme reviews (Angola, Madagascar, Malawi, Mauritania, Nigeria, Somalia, Togo, Uganda, Zaire); and in Latin America, a number of countries (including Brazil) have conducted diarrhoea treatment surveys and are continuing to research knowledge, attitudes and practices related to ORT (Guatemala, Honduras, Mexico). In Asia, several countries are monitoring progress towards specific targets in the fields of training, ORT use and reduction in diarrhoeal mortality (Bhutan, China, Myanmar, Pakistan, Philippines, Viet Nam).

FACTS FOR LIFE

The Facts for Life initiative is being integrated into activities in every UNICEF region and has been incorporated into many country programmes now before the Executive Board. A headquarters support unit has been established to collect and exchange experiences, to share promotion plans with the co-publishers—WHO and UNESCO—and to develop international collaboration with NGOs and other institutions.

So far, more than 30 countries are carrying out activities ranging from straightforward distribution to the full involvement of governmental and other partners in the transformation and use of the messages in other ways.

In the Philippines, for example, Facts for Life is fully integrated into the mobilization process in some of the poorest barrios in the country. Messages are being widely broadcast by national and provincial radio stations, and in schools.

In Sri Lanka, the Government, non-governmental groups, media and religion organizations formed a steering group to co-ordinate activities, and a national version of the booklet was officially launched at a gathering of Buddhist community development workers.

Ghana analysed the potential for partnerships among national organizations and institutions, questioned mothers on their current knowledge, attitudes and practices, and used the results in workshops with communicators to map national strategies.

The Chinese edition reflects particular Chinese health problems such as child disability, which affects 51 million Chinese, and the growing use of tobacco, especially among women and youth, and its impact on pneumonia, the number one child killer in China. To make the essential messages more accessible to the general population, which includes a large number of semi-literate rural workers, cartoons were used.

A major meeting to launch a world-wide initiative to meet basic learning needs, the World Conference on Education for All (Jomtien, Thailand, 5-9 March 1990) will incorporate the concept of empowerment through the knowledge and skills detailed in *Facts for Life*.

Meanwhile, the international scouting movements, the Young Women's Christian Association and other international NGOs are devising their own materials to stimulate use of the Facts for Life initiative at the national level. Just a few months after the UNICEF/WHO/UNESCO 'core' edition of *Facts for Life* went into circulation, an additional 1.5 million copies of national or subnational editions were being circulated or produced in other languages. The messages were interpreted in cartoons and billboards and expressed in the words of puppets as well as by radio, television and newspapers.

UNICEF/[illegible]/Simmons

UNICEF/[illegible]/Graziano

UNICEF/3390/89/Sprague

UNICEF/3351/89/Watson

UNICEF/3145/89/Watson

UNICEF/3524/89/Watson

More than a quarter of the 15 million child deaths each year are due to ARI, with pneumonia the chief killer. Infants under two months are at greatest risk. ARI control depends largely on effective health systems, where trained health workers have immediate access to appropriate antibiotics.

Acute respiratory infections

Acute respiratory infections rank among the most common diseases affecting children the world over. They are also among the most dangerous, accounting for 25 to 30 per cent of the 15 million child deaths each year.

The vast majority of these deaths is due to pneumonia, which claimed the lives of some four million children under five in 1989. Pneumonia strikes quickly. Rapid deterioration often occurs within the first three to five days, and the risk of death is greatest for infants under two months.

Awareness of the ARI problem is increasing. Over half of all country reports for 1989 contained separate ARI sections highlighting the urgency of the problem in statistics for mortality, hospital admissions or visits to health facilities.

The development of effective national programmes to control ARI has been slow for several reasons.

First, ARI is not a single syndrome. Effective control programmes require recognition and treatment of pneumonia as well as distinction between pneumonia and coughs and colds. To be successful, ARI programmes must be part of well-functioning health systems in which trained health workers are regularly supplied with appropriate antibiotics.

Second, until recently, there has been a lack of training and support materials for diagnosis and treatment.

Third, a number of policy decisions have been required on technical issues for which limited practical experience or data are available.

Fourth, the restricted managerial and logistical capacity of national health systems in much of the developing world is also a limiting factor.

The number of governments requesting UNICEF assistance in ARI control has grown dramatically over the past three years, and UNICEF has stepped up its efforts, in line with strategies promoted by the WHO/ARI Programme in Geneva. It has also enlisted the support of Johns Hopkins University in Baltimore to develop strategies for ARI programmes in Bolivia, Gambia and Thailand. The impact of efforts in each of these countries will be evaluated at the end of 1991 as a guide to future UNICEF

assistance in other parts of the world.

Other UNICEF support to national ARI efforts has included:

- the development of diagnosis and treatment guidelines in 19 countries, aimed primarily at reducing deaths from pneumonia;
- training courses for doctors and other health workers (Ethiopia, Philippines, Sudan), and production of training prototypes such as flipcharts and brochures (Lao People's Democratic Republic, Myanmar, Peru);
- communications activities, including development of messages for the mass media (Turkey); research into messages that would encourage mothers to seek help outside the home (Oman); and materials to be used by health workers during their contacts with mothers (Colombia, Peru, Sudan, Zimbabwe);
- the development of evaluation procedures, with UNICEF providing assistance in three general areas: improvement of routine reporting (Botswana, Djibouti); gathering information on the knowledge, attitudes and practices of mothers and health workers (Bolivia, Lesotho, Thailand, Turkey, Zimbabwe); and organization of treatment surveys both within and outside health facilities (Viet Nam, Zimbabwe).

AIDS

The international conference, The Implications of AIDS on Mothers and Children, held in Paris in November 1989 and co-sponsored by UNICEF, has heightened global awareness of the magnitude and consequences of paediatric AIDS, as well as a commitment to addressing related problems.

AIDS is casting a dark shadow across child health programmes in many parts of the world. HIV will result in severe and largely untreatable illness in hundreds of thousands of children during the 1990s, and experts predict that in areas with high rates of HIV infection among pregnant women, child survival gains made since the 1960s will be eliminated and even reversed. Almost all infants born with HIV infection die within five years—a fact which will impact heavily on U5MR.

WHO has estimated that during the 1990s the number of persons HIV-infected globally will be three times greater than in the 1980s, and that the number of adults developing AIDS-related illnesses over the same period will be about nine times greater.

HIV-related deaths in infants and children are directly related to the numbers of pregnant women who are infected, and these numbers are growing rapidly in Africa and parts of the Caribbean. In Africa, an estimated one million women of reproductive age are already infected, and over one in four women are already infected in some high-risk groups and urban areas.

In the Caribbean, women have become increasingly vulnerable as heterosexual transmission increases. In one Caribbean nation, about 10 per cent of the pregnant women who were tested for the virus in one urban slum were found to be infected.

From Asia, disturbing HIV data have already been recorded among intravenous drug users and prostitutes in Thailand. Male drug users can be expected to infect their female partners and future children.

The AIDS virus can also impact on the well-being of women and children indirectly. A growing case-load of HIV/AIDS-affected persons places additional strains on national health and social services for all. Another dramatic consequence of the virus is an emerging generation of orphans whose parents have died of AIDS.

In 1989, there were few countries in the world which had not officially reported cases of AIDS, and nearly all countries had developed national AIDS programmes. Many developing nations are receiving technical and financial support from a wide range of donors, including UNICEF. UNICEF has been working closely with the WHO Global Programme on AIDS to promote education and safe sexual behaviour. UNICEF is helping governments directly with AIDS-prevention messages for men and women at risk, and has been working through journalists, political leaders, women's groups, religious leaders, TBAs and

UNICEF/2743/89/Clement

UNICEF/2740/89/Clement

The social impact of AIDS at the family level requires an informed response from those involved in child health programmes with high-risk groups. The growing number of HIV/AIDS-affected persons — and the emerging generation of orphans whose parents have died of AIDS — place additional strains on all national health and social services.

others to reach the public with accurate information about AIDS and ways of preventing its transmission.

UNICEF has also provided support in several African and Caribbean nations for the inclusion of HIV/AIDS prevention messages in health and family life education for adolescents.

UNICEF is also assisting governments to study the socio-economic impact of AIDS on women and children, including AIDS orphans, and to find suitable and affordable responses.

School health education programmes at primary and secondary levels have proved to be a particularly effective channel for AIDS-prevention education. The education infrastructure is well established and schools are often more evenly placed geographically than health centres, ensuring cost-effectiveness and wide coverage. Moreover, school-based AIDS-prevention projects reach children at a critical age—before they become sexually active. UNICEF is supporting health education projects in Burundi, Kenya, Rwanda, Tanzania, Uganda and other African countries.

The UNICEF AIDS-prevention programme is growing rapidly and now assists nearly every AIDS-affected country in Africa and the Caribbean.

Guinea worm

During its 1989 session, the UNICEF Executive Board approved a programme to determine the extent of guinea worm disease in Africa and to develop national plans for guinea worm eradication. National surveys have since taken place in Kenya and Nigeria, and preparations are under way for national surveys in Benin, Côte d'Ivoire, Ethiopia, Ghana and Togo.

In Benin, the UNICEF water supply and health education project has served as the basis of a national plan for guinea worm eradication, and in Nigeria UNICEF-supported water supply projects continued to demonstrate the importance of improved water supply in eradication efforts.

UNICEF is working closely with UN and other agencies and in July co-sponsored with UNDP the International Donors Conference in Lagos, Nigeria, and will co-sponsor with WHO the Third African Regional Conference on Dracunculiasis in Côte d'Ivoire in March 1990. Work continues with Global 2000 of the Carter Center, the U.S. Centers for Disease Control, the U.S. Peace Corps, USAID and the Japan International Co-operation Agency (JICA).

UNICEF/3985/89/Das

UNICEF/3986/89/Das

Guinea worm disease affects some 20 million people in the third world. Providing communities with clean water — and health education about water hygiene — are the first steps in eradication. There is no effective drug or vaccine, but a doctor can operate to extract a guinea worm.

Primary health care

In the wake of economic constraints that are forcing governments to seek low-cost alternatives in health, PHC systems developed steadily in 1989, spurred in part by unprecedented interest among political leaders.

There is growing recognition of the need for community financing in PHC, both to overcome severe governmental budgetary constraints and to increase community involvement in matters affecting public health. Workshops have addressed these issues in South-East Asia and African countries in particular, where the Bamako Initiative has dramatically changed perspectives on PHC.

In order to retain and expand PHC services despite economic difficulties, interest has focused on ways of ensuring the sustainability of immunization programmes, of decentralizing health services, of strengthening district management systems and of integrating the various elements of PHC into national and community-based systems. Other areas also receiving attention are health management information, logistics and referral services.

The decentralization of health management to local levels has continued in all regions, although the pace has picked up significantly in Africa, where the district has become the primary focus. Countries such as Kenya, Sierra Leone, Somalia, Zaire and Zambia have reinforced this approach with improved training programmes to build management capacity at district, subnational and national levels. Local strategies have also made strong gains in South-East Asia and the Western Pacific (India and the Philippines).

In an endeavour to improve health infrastructure and expand PHC coverage, countries including Angola, the Gambia and Zimbabwe are either rehabilitating or constructing rural health centres, and UNICEF has assisted with diagnostic, laboratory and other clinical functions. UNICEF has also provided equipment support in 13 provinces of Viet Nam for 200 community health centres, 80 polyclinics and 20 district hospitals.

United Nations agencies have been active in Angola, Ethiopia and Mozambique. In Angola, clinical equipment has been supplied for 40 health centres and 300 health posts,

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UNICEF/3327/89/Zaman

UNICEF/3352/89/Watson

UNICEF/3338/89/Adriaens

Decentralization of health management to local levels continues. Communities are increasingly involved in their own health care, and training for health workers and midwives remains a priority in all countries, with TBAs in high demand. Safe motherhood is a major new thrust, together with concern for the general health of at-risk adolescent girls.

and 24 technicians have been trained. In Ethiopia, 123 mechanics have been given in-service training at central and regional levels. In Mozambique, efforts have been directed to the improvement of logistics and the rehabilitation of the health infrastructure.

Health information systems are extremely weak in many countries, although some progress is being made. A major problem is a shortage of reliable and timely data. India, Sri Lanka and Thailand are currently involved in a collaborative effort to improve the quality of their cause-of-death statistics.

The success of immunization programmes has focused attention on the need to integrate them into the basic MCH/PHC systems in many countries. Moves are also under way in Benin, Ethiopia, Kenya, Malawi, Nepal, Somalia and Togo to integrate 'vertical' programmes for malaria and CDD into comprehensive health systems based on PHC. In Togo, health programmes have been integrated in 21 districts.

Training for health workers, trainers, birth attendants and other personnel remains a priority in all countries. In Swaziland, 350 community leaders and workers from health-related sectors were trained in a programme to improve intersectoral coordination. TBAs are in high demand in Nepal, which hopes to train 12,000 by 1992, and in Pakistan, 5,000 TBAs were given training aimed at expanding their role in PHC. In China, 1,600 short courses on advanced MCH were given to 75,000 participants including 700 doctors. Sri Lanka held workshops on safe motherhood issues for obstetricians, paediatricians, and 5,000 medical officers and midwives. Saudi Arabia has developed a national MCH package for doctors and midwives. Djibouti, Liberia and Mali are upgrading and expanding their MCH centres, and in Sierra Leone and Mali, the national MCH/Family Planning Divisions in the Ministries of Health have been reorganized and strengthened.

The safe motherhood initiative, including concern for adolescent girls, has become a major new thrust in MCH. National and regional workshops have been held in many countries in 1989, including the African Regional Safe Motherhood Conference in Niamey (Niger) in January and the non-governmental Safe

Motherhood Meeting at Bellagio (Italy) in February.

As safe motherhood concerns gather momentum, Sri Lanka has established a task force to monitor and investigate maternal deaths; Morocco has drafted a five-year plan to create a rural maternity service; and Indonesia has formed 'mother awareness groups' to encourage women to assume greater responsibility for their own health care and that of their children. In the past 10 years, UNICEF has assisted in the training of 88,000 of the 104,000 registered TBAs in Indonesia, and the Government plans to train 110,000 more.

Among the parasitic and infectious diseases that threaten public health, malaria and tuberculosis continued to gain ground and attention in 1989.

Chloroquinine resistance to falciparum malaria is spreading, and efforts to contain the situation are constrained throughout the Africa region by shortages of trained personnel. UNICEF is supporting studies on chloroquinine resistance and the use of pyrethroid-impregnated mosquito nets as one alternative. In many countries in Africa and South-East Asia, malaria control has been integrated into MCH activities.

Malaria is also resurgent in Central America and in Bolivia, where 95 per cent is due to Plasmodium vivax. In the Middle East, it has become necessary to monitor large-scale population movements to and from malarial areas. There has been no significant change in the malaria situation in South-East Asia, however.

Developing countries report an estimated seven million new cases of tuberculosis each year, and despite the availability of treatment some two million of the victims die annually.

Leprosy also remains a disease of poverty in Africa, South-East Asia and the Middle East. There are five million registered leprosy cases worldwide.

An emerging issue in 1989 was the incidence of cerebrospinal meningitis and the level of preparedness against epidemics in Sahelian Africa from Cape Verde to Ethiopia.

BAMAKO INITIATIVE

Since the 1987 resolution of African Ministers of Health, the Bamako Initiative gathered significant momentum in sub-Saharan Africa. In September 1988, guidelines were adopted for the implementation of the Initiative, addressing its three main components:

- **strengthening the community capacity to organize health actions and district-level management systems in order to increase and sustain PHC coverage;**
- **strengthening the essential drugs supply system;**
- **ensuring the financing of recurrent costs, with the aim of community self-reliance in five years.**

Many countries in sub-Saharan Africa have embarked on an analysis of the performance of the PHC system and the worsening health status of women and children in the harsh light of structural adjustment programmes.

This led to a widespread recognition of the need to increase the effectiveness, efficiency and sustainability of PHC systems in order to improve MCH coverage. These preoccupations are reflected in the PHC strategies of the country programme recommendations and plans of operation for Botswana, Cape Verde, Chad, Mozambique, Sierra Leone and Uganda to be presented to the 1990 Executive Board.

These strategies include integration of EPI and other essential PHC/MCH interventions; decentralization of PHC management including training of local health staff in planning, management and monitoring of PHC; essential drugs policies; contribution of communities to health financing and their participation in the management of local PHC services.

The programmes for Benin, Guinea, Kenya, Nigeria, Sierra Leone and Togo that were already approved by the 1989 Executive Board have shown substantial progress.

In Benin, the implementation of Bamako Initiative strategies in the context of the national EPI/PHC programme effectively started in February 1988 in 44 communes spread across the country. In these communes, the number of monthly curative attendances nearly tripled between 1987 and 1989. In addition, prenatal consultations nearly doubled, the number of deliveries by trained attendants increased by 50 per cent in the same period, and the percentage of fully vaccinated children tripled. Forty of the most essential drugs were used at an average cost of US$0.50 per treatment, yielding, on the average, US$1.50 per patient.

This margin permitted over 40 centres to recover their local operating costs. Studies carried out in six parts of the country on the impact of this system on equity are presently being analysed.

During the first half of 1989 these strategies were adopted as national health policy and extended to a total of 300 of Benin's 400 health centres.

Guinea started implementing Bamako Initiative strategies in one third of its 300 health centres in 1988. The monitoring of the first 33 centres in mid-1989 showed results very similar to Benin—mainly a strong increase in utilization of curative and MCH services and an average drug cost of US$0.50 per treatment with an average charge to the patient of US$0.80. The proportion of local operating costs and drug costs recovered was 90 per cent on the average. The expansion of the programme to another 70 health centres is planned for early 1990.

Sierra Leone has a three-year plan to strengthen individual PHC components in three localities, and Nigeria is focusing on community-level activities which complement support in the areas of essential drugs and health systems, from the World Bank, USAID and other donors. Kenya is expected to move from the preparatory study phase to operational activities in 1990.

In Togo, extensive baseline studies on the three components of the Bamako Initiative were undertaken by a mixed government-university-UNICEF/WHO team. During a national seminar, gradual implementation of the strategies of the Initiative was planned, starting in 1990.

Preparatory studies on areas of major national concern are under way with UNICEF support in Ethiopia, Ghana, Mali, Mauritania, Tanzania and Zaire, and similar activities are being supported in Burundi, Cameroon, Liberia, Rwanda and Sudan with initial funding from the Bamako Initiative Global Reserve. A

number of countries are expected to present programme proposals to the Executive Board for support in 1991.

Among issues which are being closely monitored are the rational use of drugs, problems of cost recovery, management of community funds, equity of access to PHC, referral services, essential drugs supply and information management (Bamako Initiative Progress Report to the Executive Board, E/ICEF/1989/L. 3).

UNICEF has provided advocacy and other support to national planning efforts and the implementation of MCH/PHC services. Many countries have established intersectoral commissions which act as lead bodies for PHC strengthening with support from UNICEF, WHO and other agencies. UNICEF regional offices have also supported inter-country consultations to enhance understanding by sharing experiences, particularly in the area of micro-planning, which is key to the decentralization of health management and services as envisaged under the Initiative.

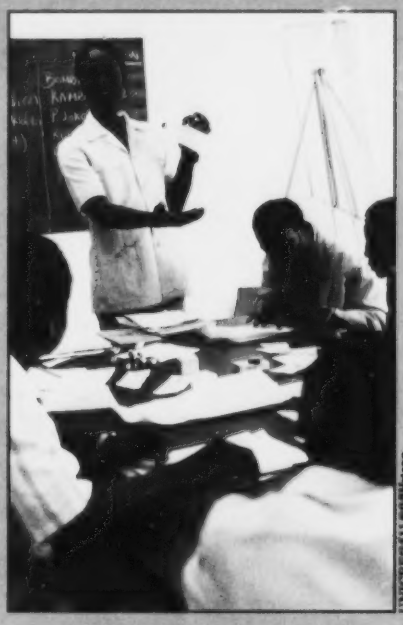
During 1989, the Bamako Initiative Management Unit at UNICEF Headquarters continued its efforts to develop the conceptual framework of the Initiative into a broad-based MCH/PHC revival.

A conference on community financing in PHC was held in Paris in February to discuss the experience of many francophone African countries. Participants came from Africa, European institutes and NGOs, WHO, the World Bank and UNICEF. It was organized jointly by the French Committee for UNICEF, the International Children's Centre in Paris and UNICEF. This was the first international conference held to discuss the policy implications and technical issues arising from the Bamako Initiative that could be addressed from previous African experience.

A second conference was organized in September in Freetown, Sierra Leone, by UNICEF, Health Action International, Oxfam and the Government of Sierra Leone, and attended mainly by over 60 African PHC specialists, representing both NGOs and Ministries of Health and including representatives from bilateral agencies, WHO and UNICEF. Participants were able to visit several districts to learn of the progress of PHC in Sierra Leone under the Bamako Initiative and the role of non-governmental and other organizations in its development.

During the year, UNICEF strengthened its collaboration with WHO through the establishment of a management unit in the AFRO regional office in Brazzaville, Congo, and through formal consultations at secretariat and country level.

In the past 12 months, growing interest has been generated by the Initiative among countries outside Africa, notably in Nepal and Viet Nam.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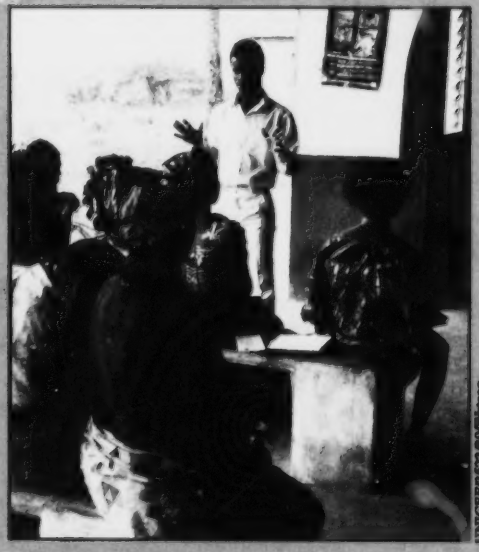
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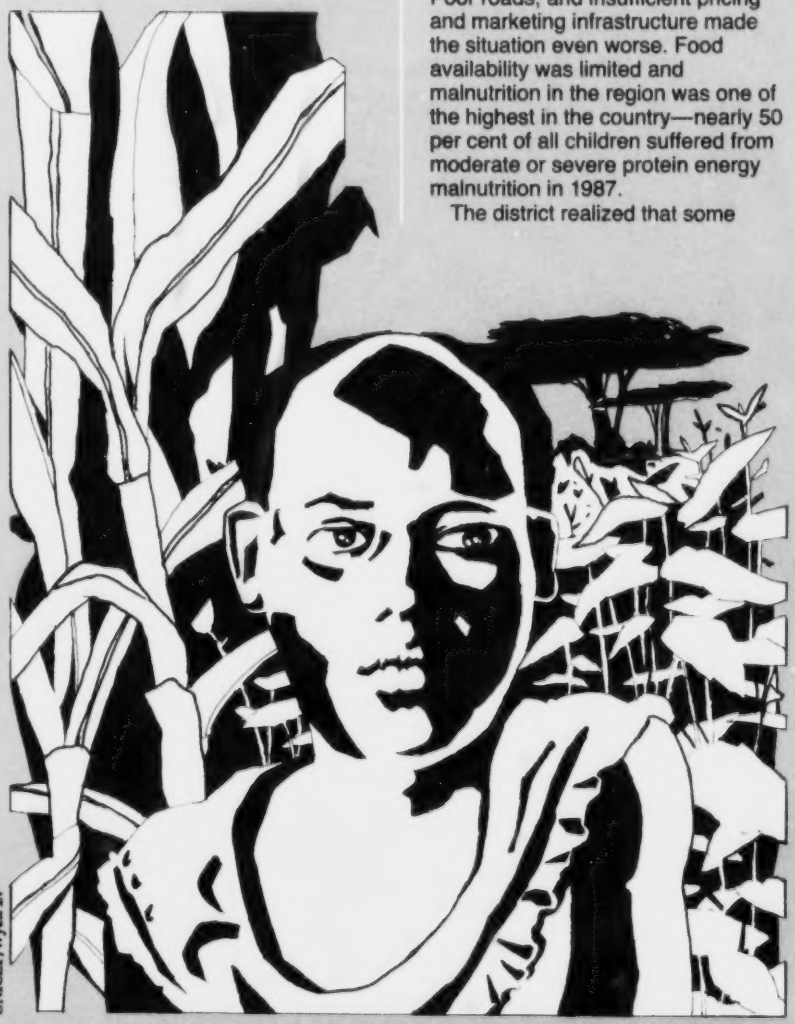
Reversing their fortunes

The 271,000 people of Masasi District, like villagers elsewhere in the south-eastern corner of Tanzania, were in desperate need of a new approach to food production. And last year came hope that these communities, which over the years have been ravaged by drought and hunger could reverse their fortunes with only modest external support. A project to mobilize community food production in the sparsely populated Mtwara region brought tens of thousands of acres of land under cassava, sorghum and legumes, and many children now have enough food to eat for the first time in three years.



UNICEF/Wyatt 27

The 'Onjama' programme started in 1987 in Masasi. (In Swahili, Onjama means 'eradicate hunger in Masasi'.) The programme was started by the local government with limited UNICEF support in 1988, and it has helped to turn Masasi District into the new green belt of Tanzania.

Traditionally, yields from food production have been low, due to poor seeds and soil conditions. Villagers also relied heavily on maize as the staple food, a crop that was not ideally suited to the recurrent periods of drought in Masasi.

Cash income to buy food had also dwindled since local cashew trees, the source of the area's main export crop, were attacked by a fungus, which cut production dramatically. Poor roads, and insufficient pricing and marketing infrastructure made the situation even worse. Food availability was limited and malnutrition in the region was one of the highest in the country—nearly 50 per cent of all children suffered from moderate or severe protein energy malnutrition in 1987.

The district realized that some change was necessary. UNICEF was asked to help, and a plan was drawn up to support increased production of drought-resistant crops, particularly cassava and sorghum. In 1988, before the plan could be implemented, Masasi was hit again by severe drought. The district received provisions of food aid but wanted a longer-term solution that would avoid dependence on outside help.

In late 1988 the District Commissioner in Masasi organized the Onjama programme and requested UNICEF assistance. The district authorities mobilized all able-bodied adults to plant one acre of cassava and one acre of a cash crop (usually sorghum, cowpea or green gram). UNICEF Tanzania provided limited but key transport assistance and an initial supply of sorghum seeds. The Government also organized trucks from local NGOs and even used the Prime Minister's plane to bring in seeds from other areas.

By early 1989 the results of the Onjama programme were already spectacular. Over 63,000 acres of cassava, 17,000 acres of cowpea and green gram and 6,000 acres of sorghum had been planted—all by individuals working with hand tools, cultivating one to two acres each. The harvest was the best the region had known in over 15 years, and production of sorghum, green gram and cowpea from Masasi District was double the target set for the entire Mtwara region. Despite an attack of mealy-bug, the cassava harvest was also very good, and most households have enough food to take them through the next season.

With this success, the district began to expand the programme, and phase two began in October 1989. UNICEF provided technical assistance for training in food crop processing and storage to ensure that the bumper harvest is not lost to pests. Funds have also been provided for additional cassava planting materials and seeds for community-based multiplication plots. Closer linkage to ongoing CSD programmes has been insured through joint meetings and training sessions. Most important, however, UNICEF inputs have been kept small to ensure that this local initiative continues on its own steam.

Nutrition and food security

UNICEF support in this area, critical for CSD, reflected the growing recognition that good nutrition is the outcome of a range of complementary activities that ultimately is influenced by three factors: household food security, health facilities and a healthy environment, and child care. Important lessons have been learned from the JNSP experience, WHO and UNICEF's largest programme of nutrition support (*see page 21*).

Community-based growth monitoring: During 1989, community-based growth monitoring has been extended from the original experience in Tanzania to a number of JNSP countries including Ethiopia, Mali, Niger and Peru, with encouraging results. Other experiences of community-based growth monitoring, for example in Malawi, confirm that it is especially promising in the context of area development programmes. Elsewhere, emphasis has been placed on growth monitoring as a focus for integrated MCH services (Brazil, Togo), and increasing attention has been given to the concept of extending the growth chart to a comprehensive child health record (India, Oman).

Food and nutrition surveillance: The special focus of UNICEF activities in food and nutrition surveillance has been to encourage governments to report on a few common indicators in a standardized and timely fashion so that decision makers can be aware of emerging problems and take appropriate actions to resolve them. Working with FAO and WHO under the umbrella of the Inter-agency Food and Nutrition Surveillance Programme (IFNS) last year, UNICEF substantially expanded its activities in this area at country, regional and international levels.

Country projects became operational in China, Madagascar, Tanzania, Venezuela, Viet Nam and Zambia; and projects in Bolivia, Ecuador and the Philippines are in the final preparatory stages. Projects are also being developed in Botswana, Burkina Faso, Ethiopia, Nigeria, Rwanda and Togo.

In China, the Academy of Preventive Medicine is collaborating with the State Statistical Bureau to develop national food and nutritional surveillance in order to help shape national food policy responses. In Madagascar, the National Food and Nutrition Surveillance Programme (PNSAN) was created in 1989 to identify food-vulnerable areas and groups by making use of available information to help develop national policies, structure programmes of action and target scarce resources.

UNICEF/3510/89/Watson

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UNICEF/3257/89/Wright

Growth monitoring has long been considered a vital tool in the detection of early malnutrition...

In Uruguay, UNICEF has co-operated with the Instituto Nacional de Alimentación (INDA) to complete the first national census of children's height in the first year of primary school. In Thailand, the UNICEF-assisted project, Strengthening Food and Nutrition Surveillance for Nutrition-oriented Development Decisions, is seeking to maintain a downward trend in malnutrition among young children.

Regional activities in 1989 included an orientation workshop organized by WHO for francophone West African countries and the development of a regional training programme in food and nutrition surveillance for the Americas, in close co-operation with PAHO.

At the international level, activities included the establishment of a network to develop and disseminate computer software for nutritional status assessments; methodological work on appropriate indicators; development of a distance-learning course on assessing nutritional status in household surveys; and advocacy for food and nutritional surveillance for national development. UNICEF has collaborated with the World Bank's Social Dimensions of Adjustment (SDA) programme at country and international level, and has strengthened its ties with the Demographic and Health Survey (DHS) programme to incorporate nation-wide nutritional assessments in as many countries as possible.

The Report of the International Conference on Food and Nutritional Surveillance for National Development, Mexico, recommended that countries establish multisectoral food and nutrition surveillance systems in order to provide decision makers with timely, accurate and easy-to-use data on the nutritional status of populations and on trends in food availability and consumption.

Infant feeding: One especially notable event was the publication of a joint WHO/UNICEF statement on the

special role of maternity services in protecting, promoting and supporting breast-feeding. More than 35,000 copies of the statement were distributed in English, French and Spanish. The statement includes a 10-point summary of what every maternity facility should do to support breast-feeding. An international survey of 35 major hospitals in developed countries found that 23 of them implemented at least nine of the 10 steps – a finding which confirmed the universal relevance of the statement. All 10 steps have been endorsed by international health professionals, organizations and breast-feeding promotion groups.

It is apparent from country reports that there remains much misunderstanding about the importance of breast-feeding practice. This is especially true of the concept of exclusive breast-feeding for the first four to six months, which current information systems do not distinguish. The training of health workers is critical to changing hospital practices. UNICEF supported such training in several countries, including Botswana, China, Côte d'Ivoire, Ethiopia, India, Indonesia, Kenya, Swaziland and Zimbabwe.

Proper weaning practice is likewise of major importance in infant feeding. A study in Swaziland showed that poor feeding practices rather than lack of resources were the main factor leading to stunting before the age of two years, and the project to promote improved young child feeding addresses this issue, with consultative help on the development of training materials provided by USAID. In Ghana, the work-load on women was identified as a major constraint, and the comparable project includes provision of small grinding mills and enhancement of income-generating capacity.

Household food security: During the year, UNICEF also provided direct support for household food production in several African countries. In the Masasi district of Tanzania, communities received UNICEF assistance to plant 100,000 acres of food crops, and the harvest was generally excellent (*see profile, page 18*). In Nigeria, improved seeds and planting materials were distributed to farmers in two states. In Malawi, UNICEF continued its support to the national Food and Nutrition Policy Unit in the Office of the President. The Unit monitors Malawi's food and nutrition situation as well as area-based programmes to strengthen production and storage at household level. Similar approaches are being applied in Angola, Botswana, Guinea, Madagascar, Mozambique, Tanzania and Zambia.

In several Sahelian countries, assistance has been given to food production, dry-season gardening and community-based cereal banks. The importance of community-based programming has been stressed in Mali, where UNICEF is negotiating a joint project with IFAD to support food security, education and functional literacy. In Burundi, Ethiopia and Rwanda, provision of women's credit is an important component of the food security programme.

Micronutrient deficiencies: In the long term, the best way to overcome micronutrient deficiencies is through improvements in the quantity and quality of diets, but there is an urgent need at present to continue to supplement diets in many countries with vitamins and minerals, especially for vitamin A, iron and iodine deficiencies. The provision of dietary supplements for women and children is a traditional form of UNICEF support which should be enhanced, and new means of distribution are currently being explored. Of particular promise are attempts in Bangladesh and India to build on the outreach of immunization programmes.

UNICEF support for vitamin A deficiency control programmes more than doubled during the year and a record 105 million high-dose capsules were distributed. Major programmes in Bangladesh and Indonesia absorbed most of these supplements, and home gardens were encouraged in Bangladesh and elsewhere (*see profile, page 32*).

UNICEF also needs to be more active in the area of iron deficiency anaemia (IDA). One successful promotion during the year was a workshop in India which was accompanied by a film, *Put the Iron Back Into Our People*. The promotion encouraged managers in 2,500 industries to adopt plans for the control of anaemia among women.

The International Council for Control of Iodine Deficiency Disorders (ICCIDD) continued to receive support from UNICEF, which now assists activities related to IDD control in 24 countries – 12 of them in Asia. INSP also continued its support for IDD control

UNICEF/3895/89/Murray-Lee

UNICEF/3889/89/Murray-Lee

UNICEF/3358/89/Ashmann

Good nutrition begins with breast-feeding, continues with the right weaning foods and is supported by a community that produces its own food.

in the Andean countries of Latin America. In Africa, Ethiopia has a major programme in IDD control. An iodization plant was inaugurated at Assab in 1989, and iodized oil capsules were distributed in two other areas.

WHO/UNICEF Joint Nutrition Support Programme (JNSP)

Phase one of JNSP has now ended, and a global evaluation undertaken during 1989 has clarified the important lessons that emerged from the JNSP experience.

It has become clear that there can be no pre-determined set of interventions which will result in improved nutrition. To secure a significant reduction in child and maternal malnutrition one must make it possible for people at all levels of society to assess the problems, analyse their causes, and plan and implement appropriate actions to overcome them. A programme to improve nutrition is more likely to succeed if it has a community-based nutrition information system, which, by making the problems visible, mobilizes people and serves as a tool for them to monitor the success of their actions.

During 1989 community-based growth monitoring was extended in a number of JNSP countries including Ethiopia, Mali, Niger and Peru.

The results of JNSP have been very encouraging and have been incorporated into the UNICEF strategy for improved nutrition in the 1990s. The generation and discussion of nutrition data by communities has resulted in an unprecedented mobilization for child survival and nutrition. It has given rise to a serious dialogue between communities and the relevant sectors, and it has facilitated coordination among sectors.

The global component came to an end in December, and many of the country activities are also approaching the end of their five-year cycles. The US$85.3 million programme, which was funded by the Government of Italy, has contributed significantly to the understanding of what constitutes a successful programme to improve nutrition. □

Childhood disability

Poverty and disability travel hand in hand in the developing world. In addition to the millions of children disabled each year by birth defects, accidents and tragedies of war, many millions more are blinded, mentally handicapped or physically stunted for want of a little iodine or vitamin A.

Recent evidence points to a wide spectrum of disabilities resulting from severe iodine deficiency, including loss of hearing, goitre, impaired mental functions and cretinism. An estimated 800 million people live in iodine-deficient environments, of whom 600 million are in Asia, 100 million in Africa, 60 million in Latin America and the balance in isolated groups in parts of Europe. About 190 million of these 800 million people suffer from goitre, three million from cretinism and millions more from mental deficiencies. Iodized salt and iodized oil, taken either orally or by injection, can safeguard populations at risk for a small cost, and UNICEF has been actively encouraging the use of both through programmes in over 20 countries.

Disabled people should not be forced to lead separate lives.

UNICEF/3714/89/Rotner

UNICEF/3713/89/Rotner

In Viet Nam for example, about 200,000 women and children under 15 years of age received iodated oil injections in 1989, and three mechanical salt iodation plants have become operational since 1986. By 1991 it is expected that six plants, capable of producing 27,000 tons of iodated salt a year, will provide about 50 per cent of the nation's needs. In Bangladesh in February 1989, Parliament approved legislation requiring universal iodation of edible salt, and in the course of the year more than 400,000 people in hyper-endemic goitre areas received iodated oil injections. In the remote hill districts of Nepal, where goitre affects about 80 per cent of the population and cretinism about 10 per cent, 3.5 million people have received injections during a two-year project for the protection of everyone between the ages of one month and 45 years.

Vitamin A deficiency inhibits physical growth and causes some seven million cases of non-corneal xerosis among pre-school children every year. It is estimated that every hour about 25 children in the developing world are permanently blinded for want of a balanced diet that includes vitamin A.

A nutritional blindness study in Bangladesh in 1982-1983 estimated that each year 900,000 children under six years of age suffered some form of eye disease related to vitamin A deficiency and that 30,000 children lost their sight altogether. Fifty per cent of those children who went blind received little care and attention and, already weakened and malnourished, died a few months later.

Women's groups have been the focus of UNICEF-assisted programmes that provide nutrition education and distribute vitamin A capsules to mothers soon after they deliver their infants. In Ethiopia, which reports a

high incidence of vitamin A deficiency, managers have been trained in high-risk areas, and high-dose vitamin A capsules have been distributed to target groups. Other countries with UNICEF-assisted programmes to combat blindness from vitamin A deficiency include Bhutan, China, India, Indonesia, Malawi, Maldives, Myanmar, Nepal, Pakistan, Tanzania and Viet Nam.

Overall, 39 countries from Africa, Asia, the Middle East and Latin America have reported programmes for the prevention of disabilities due to vitamin A and iodine deficiency disorders. In addition, early detection, rehabilitation and special education programmes assisted by UNICEF are reported from 27 countries in Africa, Asia, the Middle East, Latin America and the Caribbean region.

UNICEF-assisted training activities for village-level health workers emphasize the need for early identification of children who are at risk of disability as well as the need to integrate and rehabilitate those children already disabled. In Brazil, the emphasis has been on training for teachers specialized in disability prevention and early detection. In Mauritius, where about 12 per cent of children suffer from some form of mental or physical impairment, UNICEF assistance has focused on the design of a system for early identification and intervention in pre-schools, coupled with a community campaign for teacher training and the integration of disabled children in schools.

In Central America, a subregional Programme for the prevention, early detection, and community-based treatment of childhood disabilities has brought increased government attention to special needs, and a grassroots approach involving parents and low-cost technologies has developed new methodologies for providing care for disabled children. This approach has meant that disabled children are often 'mainstreamed' in the regular school system.

Each country in the region also carried out a systematic situation analysis related to disabled children in 1989.

UNICEF has been active through the Facts for Life initiative and other advocacy measures to build positive social and economic environments for disabled persons. *Facts for Life* has presented prevention and rehabilitation messages to families and communities in simple language to support the integration of disabled persons into all aspects of life. One particularly positive response in 1989 came from Pakistan, where the mass media introduced vital issues concerning children and women into everyday current affairs, education and entertainment programming.

In times of armed conflict, women and children are usually the first to suffer from the destruction of homes and social services intrastructure, and many millions remain displaced, abandoned, orphaned and traumatized by these experiences.

UNICEF is collaborating with Rehabilitation International in a study to determine the rehabilitation needs of disabled children and women as a result of armed conflict. Consultancy missions have been completed in Angola, El Salvador, Mozambique, Nicaragua and Pakistan (for Afghan refugees). A consolidated report with recommendations is expected in 1990. □

UNICEF/3701/89/Rotner

Poverty and disability travel hand in hand in the third world.

Social mobilization and programme communication

UNICEF policies and strategies on external relations and social mobilization entered the review process in 1989. The outcome will be reflected in an external relations policy paper, a 'Programme Policies and Procedures Manual' and a revised social mobilization training package. One anticipated result is improved complementarity in the areas of programming, external relations and social mobilization. Some field offices have already raised the question of how best to poll shifts in public opinion and how to adjust planning to political will in the most effective manner.

The Facts for Life initiative and its core health messages (*see page 11*) have found broad support in most countries, and the thrust is now towards the adaptation or translation of specific messages to fit socio-cultural environments. The Facts for Life Support Unit in New York has been monitoring these efforts.

The development of human resources to manage social mobilization and communication at national level also received greater attention during the year. A communication training project was financed by the Government of Norway in Bangladesh, Ethiopia and Nepal; and long-term efforts related to radio and television are under way in Chad, Central America, Egypt, Ethiopia, Guinea, Indonesia, Mexico, Nigeria, Philippines, Tanzania and Turkey, among other countries. A three-week-long course on 'Advances in Family Health Communication' was held at the Centre for Communication Programmes at Johns Hopkins University (Baltimore) in the summer, and is being adapted and translated for use in francophone Africa and Latin America. The course will be delivered in close collaboration with national schools of education and public health. In Africa, the course will be conducted in Tunisia, and discussions on a course for the Latin American region are under way with Peruvian and Colombian institutions. □

Water supply and sanitation

As the International Drinking Water Supply and Sanitation Decade draws to a close it is impossible not to reflect on its inability to achieve the numerical objective of WATSAN services for all by 1990. An estimated one billion people are still without access to adequate safe drinking water supplies and two billion (excluding China) live in communities without sanitation services.

Failure to cover their needs can be attributed mainly to acute economic hardship in the 1980s and population growth rates that outstripped the capacity of governments and international agencies to deliver on the Decade's promises. Questions also remain as to the political commitment of governments to their expressed ideals, and this very large factor in the equation will continue to impact on WATSAN programmes.

Equally important in any assessment of the Decade is the extraordinary degree to which objectives were, in fact, accomplished. The many actors in this enormous undertaking improved the lot of an average 102 million people a year between 1981 and 1990, and technologies and procedures were developed that should bring the goal of services for all very much closer to reality by the year 2000.

Specific UNICEF inputs to this WATSAN partnership with governments have delivered low-cost services in almost 100 countries to some 16 million people a year.

Highlights: There are a number of highlights from the Decade which bode well for the future. Among them: the growing sustainability of community management; the proven complementarity of WATSAN and CDD programmes; and a trend towards greater cost-effectiveness at field level.

More than 20 countries, including Bangladesh, Bhutan, Burkina Faso, Burundi, Cape Verde, Ethiopia, Ghana, Guinea-Bissau, India, Indonesia, Liberia, Malawi, Nepal, Niger, Pakistan, Somalia, Sri Lanka, Sudan, Uganda, Viet Nam and some Central American nations have, as a matter of policy, established committees at community level to manage maintenance systems. These committees have the responsibility of organizing the technical skills and cost-sharing mechanisms which guarantee the sustainability of WATSAN systems. In Sudan, there is one committee for each of the 800 beneficiary villages in Kordofan. Women have been actively involved in this movement towards community management, and all of the five-person committees in Kordofan have at least two women members.

Cost-sharing: There has been significant resistance by some governments to the idea of community cost-sharing in WATSAN programmes, and social communications have been an important factor in mobilizing communities to accept cost-sharing mechanisms. A number of successful experiences are now on record. At the Malange water project in Angola, 97 per cent of the handpumps are said to be well maintained and in service at any one time, and reports from Bangladesh and Indonesia also claim effective operation rates of 90 per cent and over.

Diarrhoeal diseases: CDD programmes are expanding their curative case-management approach to include

UNICEF/3891/89/Murray-Lee

UNICEF/3225/89/Bauer

UNICEF/3920/89/Sprague

Clean water for all has become a possible goal — and with it, a lessening of diarrhoeal disease and dracunculiasis. Sanitation lags behind.

prevention focused on clean water and sanitary excreta disposal. A number of countries have, to varying degrees, complemented ORT with WATSAN in their CDD programmes. They include Bangladesh, Bhutan, Botswana, Cape Verde, Egypt, Mauritania, Nepal, Nigeria, Papua New Guinea, Sierra Leone and Sudan. Bangladesh conducted three studies of the health benefits of integrated water, sanitation and hygiene education within the same community in 1989, and found that the incidence of diarrhoeal diseases fell by 25 per cent. A similar study in Lesotho in 1988 recorded a 24 per cent reduction. Cape Verde has also reported a very noticeable decline in the number of diarrhoeal bouts in communities with water supply and sanitary latrines.

Cost-effectiveness: There are signs of a growing consciousness of costs in WATSAN programmes in a number of countries.

Nigeria has reduced capital investment costs through the use of appropriate drilling equipment and methods, and Sudan has linked incentives to well-drilling productivity. The Nigerian approach has reduced the cost of a handpump-equipped borehole from US$20,000 to less than US$4,000, and Sudan has cut its costs from more than US$9,000 to less than US$3,000. It is significant that while the Nigerian result took eight years to accomplish, the Sudanese approach achieved its gains in just three years. If both approaches were executed simultaneously in the same project, the impact on cost-efficiency would be even more dramatic, and more easily sustained.

Burundi, Kenya, Liberia, Malawi, Mali, Niger and Uganda have also demonstrated a keen awareness of costs in their programmes.

Sanitation: The low point of the Decade has been very poor coverage rates for sanitation services, even in countries where performance in the water supply sector was sound. In India, where rural water supply coverage is almost 100 per cent, only about three per cent of rural inhabitants have access to sanitation facilities. Similarly, in Bangladesh, where UNICEF has its second largest WATSAN programme, rural sanitation coverage is just five per cent. By 1990, the average rural sanitation coverage of all developing countries (excluding China) will be 15 per cent – a figure which suggests that, in the 1990s, performance levels in terms of coverage rates will have to be 44 times better than those of the past decade if universal coverage is to be achieved by the year 2000.

UNICEF/1989/89/Murray-Lee

Clean water to drink — and millions of children benefit.

Poor national performances in this sector can be traced to public attitudes, traditional practices and limited funding. Many countries allocate less than 10 per cent of their WATSAN budgets to sanitation. Also lacking is a systematic attempt to mobilize changes in community thinking and behaviour.

Manpower shortages: A lack of trained professionals and subprofessionals has also been a major drawback to the effective programming of WATSAN activities in almost all developing countries. A few nations are, however, attempting to overcome institutional weaknesses through training programmes. They include Burkina Faso, Democratic Yemen, India, Kampuchea, Myanmar, Pakistan and the Philippines.

Technical co-operation: In general, insufficient use has been made of opportunities for technical co-operation among UNICEF-assisted countries.

During 1989, Bangladesh transferred its hand-drilling technology to Viet Nam and was involved in the introduction of its Tara handpump to China, Myanmar, Nepal, Nigeria and Viet Nam. In return, Bangladesh received WATSAN visitors from India, Nigeria and Viet Nam. Kampuchea is manufacturing the Bangladesh No. 6 suction handpump, and about 30 developing countries are using the India Mark II handpump. Also during the past year, the WATSAN Project Officer in Rwanda served a three-week-long consultancy in Namibia and acted as an evaluator for Sudan's WATSAN programme.

Collaboration: UNICEF collaboration with other United Nations agencies (UNDP, WHO, World Bank) has continued at headquarters level through the Decade Steering Committee. In the field, UNICEF Botswana and UNDP/World Bank were involved in a joint environmental sanitation project; UNICEF Bangladesh, UNDP/World Bank and others are jointly developing a modified Tara handpump; and in Central America, UNICEF is collaborating with PAHO in El Salvador and Guatemala, with USAID in Belize, with the German Development Agency (GTZ) in Honduras, and with a variety of national and international NGOs in these and other countries.

Global effort: During 1989, UNICEF co-operated with 90 countries in WATSAN projects or activities, with an actual financial input of US$76 million (as against a projected estimate of US$82 million).

From 1986 to 1988, WATSAN received annual inputs of US$58.2 million, US$64.9 million and US$69 million for each of the three years. This represented 18 per cent of total programme expenditures in 1986 and 1987, and 17 per cent in 1988.

Of the 90 countries with UNICEF-assisted WATSAN projects or activities, 38 are in Africa, 21 in Asia, 22 in the Americas and the Caribbean, and 9 in the MENA region.

Approximately 107,557 water supply systems were completed, including 95,630 drilled/dug wells with handpumps, 1,432 standpipes and 10,495 systems of other types, such as protected springs and rain-water collection points. About 19,002,775 people benefited from these activities.

Also completed in 1989 were 432,245 sanitary excreta disposal facilities, which benefited about 3,011,700 persons. □

Like a gift from heaven

Rancho Viejo: Pressed hard against a hillside high in the Cuchumatanes Mountains of north-western Guatemala, this isolated hamlet is a community in name and spirit only. There is no town centre or square, no schoolhouse, health centre or administrative building—just a collection of small adobe houses strung out across the slope. The nearest road is an hour's walk away, and from there onwards the walking is only marginally better. There is no public transportation.

Families work small plots of maize and beans, and graze a few sheep for their wool, but they rely mostly on the income of their young men, who move out of the mountains for at least three months of the year to work on the coastal sugar-cane plantations. The women earn some income from spinning wool and weaving lengths of cloth, but there is relatively little time for light duties. Work begins at daybreak and ends soon after the sun goes down. There is no electricity to prolong the day, and candles are a luxury.

About 60 per cent of Guatemala's nine million people inhabit remote pueblos like Rancho Viejo, and more than 80 per cent of them live in extreme poverty. Average life expectancy is just 43 years, and the IMR of 65 deaths per 1,000 live births is one of the highest in the developing world. Very few rural communities have safe drinking water or sanitation facilities, and it is widely believed that the IMR in places like Rancho Viego is closer to one in 10. The main cause of infant deaths is diarrhoea, followed by ARI and immunizable diseases.

In Rancho Viejo last year, however, there was a good deal to celebrate. The 330 inhabitants had a visit from Jorge Mario Hernández López, officer-in-charge of an Environmental Sanitation Project for the district of Huehuetenango, who offered to help build a gravity-fed water system if the people would provide the labour. For the women, who had to walk several kilometres four and five times a day to carry the water home, this was an offer too good to refuse.

A fresh-water spring was identified some four kilometres above the line of houses, and a team of able-bodied men dispatched with bags of cement and a supervisor to build a protected catchment at the source. Plastic PVC piping was brought in, courtesy of UNICEF, and a line was laid to a site convenient to all the houses. There, the community built concrete wash-basins and installed taps.

"It is like a gift from heaven", says Faustina Candelaria Jiménez, who was born in Rancho Viejo. "Before, we piled up our laundry for two or three days and spent one whole day washing it."

Ms. Cruz López Domingo echoed those sentiments, adding that she and other women in the community were finding that the hours saved on the trips back and forth from the well each day left them more time for their children and for weaving.

Since 1979, UNICEF has provided technical and financial support so that communities of up to 500 people in rural Guatemala could build their own water supply systems. Equipment for gravity-fed systems and more than 1,100 handpumps servicing more than 460,000 people have been supplied to community facilities through the Environmental Sanitation Division of the Ministry of Public Health. With individual communities accepting responsibility for labour and maintenance charges for these systems, rural water supply coverage in Guatemala has increased from 17 to 41 per cent in 10 years, and supervisors like Mr. Hernández report that the incidence of diarrhoea and infectious diseases is coming down.

UNICEF/Wyatt 23

Basic education

As one of the four sponsoring United Nations agencies for the World Conference on Education for All (Jomtien, Thailand, 5-9 March 1990), UNICEF was deeply involved during 1989 in preparatory arrangements for that event.

Education in many parts of the world is in crisis following a serious erosion of financial and other commitments in the wake of economic recession and structural adjustment programmes. In many countries, the rapid increases in school enrolment and literacy rates that were achieved in the 1970s and early 1980s have been reversed. Today, almost one billion adults cannot read or write, and an estimated 100 million children in the developing world have no chance of schooling. The World Conference is being organized jointly by UNDP, UNESCO, UNICEF and the World Bank, and hosted by the Royal Thai Government, to promote a global education alliance towards the goal of education for all.

An extensive investigation of the state-of-the-art in education was conducted in many countries during 1989, and UNICEF helped a number of governments and their education ministries in this process with advocacy, technical co-operation and supporting seminars and workshops.

UNICEF support for basic education has focused on three main targets:

- increased access to relevant, quality education for children, with the goal of education for all by the year 2000;
- improved education opportunities for adults, especially women and other disadvantaged groups, with the goal of reducing illiteracy;
- mobilization of the modes of communication — radio, TV and other media — towards the end of widespread dissemination of knowledge on health, nutrition and other elements of child survival, protection and development.

UNICEF has also been responsive to the particular needs of individual countries in the areas of formal and non-formal primary education, adult literacy and training, special education for physically disabled children, and education for children in depressed areas and especially difficult circumstances. In northern Brazil, support has continued for a Saturday and Sunday school project in Bahia which focuses on literacy and the training of young people and adults, most of whom are women.

UNICEF/3281/89/Wright

UNICEF/3685/89/Sprague

UNICEF/3204/89/Bregnard

UNICEF/3962/89/Sprague

Education for women is paramount. No literate mother has ever allowed her children to be illiterate.

In Angola, basic educational services for children in difficult circumstances have been supported through in-service training for teachers. In Democratic Yemen and the Yemen Arab Republic, the main focus has been on women's literacy and improving school enrolment for girls.

In primary education, UNICEF co-operation has continued to focus on qualitative improvements in education through curricular reform, teacher training and retraining, and the production and supply of teaching materials and aids. UNICEF has also lent support to community-based child development centres in such countries as Guinea and Thailand. In Bolivia, the Philippines, Sri Lanka and other countries which have attained a reasonable level of literacy, an important part of UNICEF support is the training of multi-grade primary level teachers in disadvantaged and remote parts of these countries.

Health, nutrition, sanitation and other aspects of the CSD strategy have been incorporated in most basic education programmes at pre-school, primary and adult literacy levels. A number of innovative methods have been used to communicate CSD messages, and UNICEF supports a variety of programmes which are on the cutting edge of developments in basic education. In Kenya and Sierra Leone, religious teachers were trained in CSD. In India, a video series entitled 'Khilti-Kalyan' has become an important motivational tool to increase the demand of women and girls for education, and to pass on knowledge of MCH, nutrition and environmental sanitation. In Bangladesh, projects are in place to upgrade the skills of head teachers and to reach girls in rural areas through satellite schools. In Thailand, mobile teams provide integrated physical, mental and emotional development services. In Mozambique, a project supports linkages between schools, teachers and communities affected by war.

By linking women's literacy programmes with income-generating activities, some countries have been able to reduce drop-out rates because students and tutors alike have valued the

opportunity to increase their incomes. Similar success has been reported in Indonesia where the People's Bank of Indonesia has a credit scheme to support income-earning activities for UNICEF-assisted learning groups. Credit incentives have proved to be an effective motivation for poor illiterate women to attend classes. □

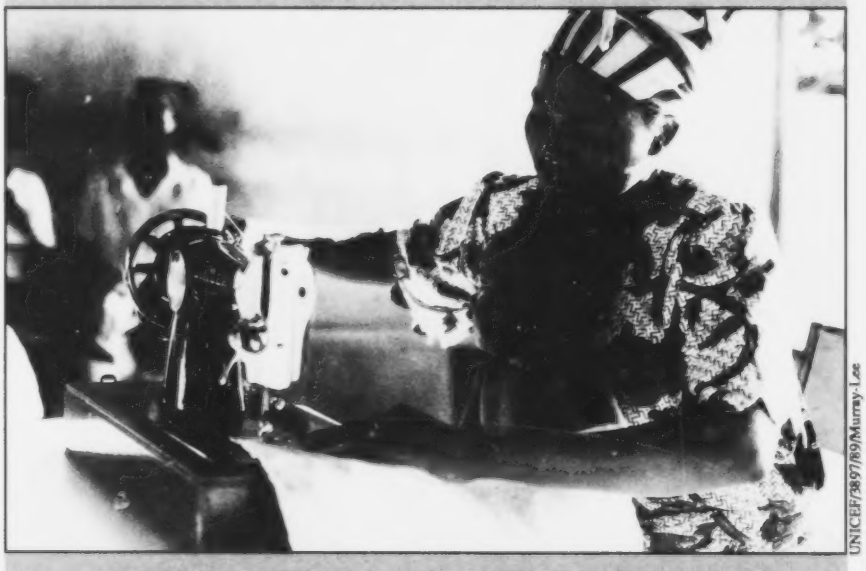
Women in development

The needs of the girl child became the special focus of the South Asian and MENA regions in 1988-1989.

The South Asian Association for Regional Co-operation (SAARC), which includes Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka, declared 1990 as the Year of the Girl Child, and in the MENA region, nations targeted the needs of girls as a priority for the 1990s. Both regions, in spite of their socio-cultural differences, have paid attention during the year to problems which have impacted cruelly on the girl child as a person in her own right.

The girl child is beginning to be recognized as a personality in her own right.

UNICEF/3272/89/Wright



UNICEF/3897/89/Murray-Lee

Gender-differentiated data on children are inadequate, but with few exceptions, the disadvantages suffered by girls in the South Asia and MENA regions suggest that they are generally unwelcome at birth. From infancy, they usually have inferior nutrition and health care compared to their brothers. From early childhood, they assume increasing responsibilities for the household in the areas of water and fuel collection, sibling care, cooking and cleaning, and they are expected to help their mothers in agricultural or informal-sector activities. At adolescence, they face early marriage and are locked into lives of hard work and risky child-bearing.

As a result, childhood death rates for girls are higher than for boys in several countries. In Bangladesh, the death rate among girls in the one-to-four-year age-group is reported to be 58 per cent greater than for boys. The typical girl receives 20 per cent fewer calories than her brother, is more likely to be malnourished and is likely to attend school for only one or two years. The school drop-out rate for girls is twice as high as that for boys.

UNICEF staff and government counterparts in the two regions held meetings in 1989 to discuss this wastage of human resources and possible responses to it. Proposed actions included programmes to improve knowledge and statistics on the problem through situation analyses and specialized research on socio-cultural attitudes and practices, national policies and legislation. Proposals have also been made in both regions to place the girl child on the agendas of global meetings such as the World Conference on Education for All and the World Summit for Children in 1990. The adoption of the United Nations Convention on the Rights of the Child will reinforce these and other initiatives in the years ahead.

General UNICEF policy on women

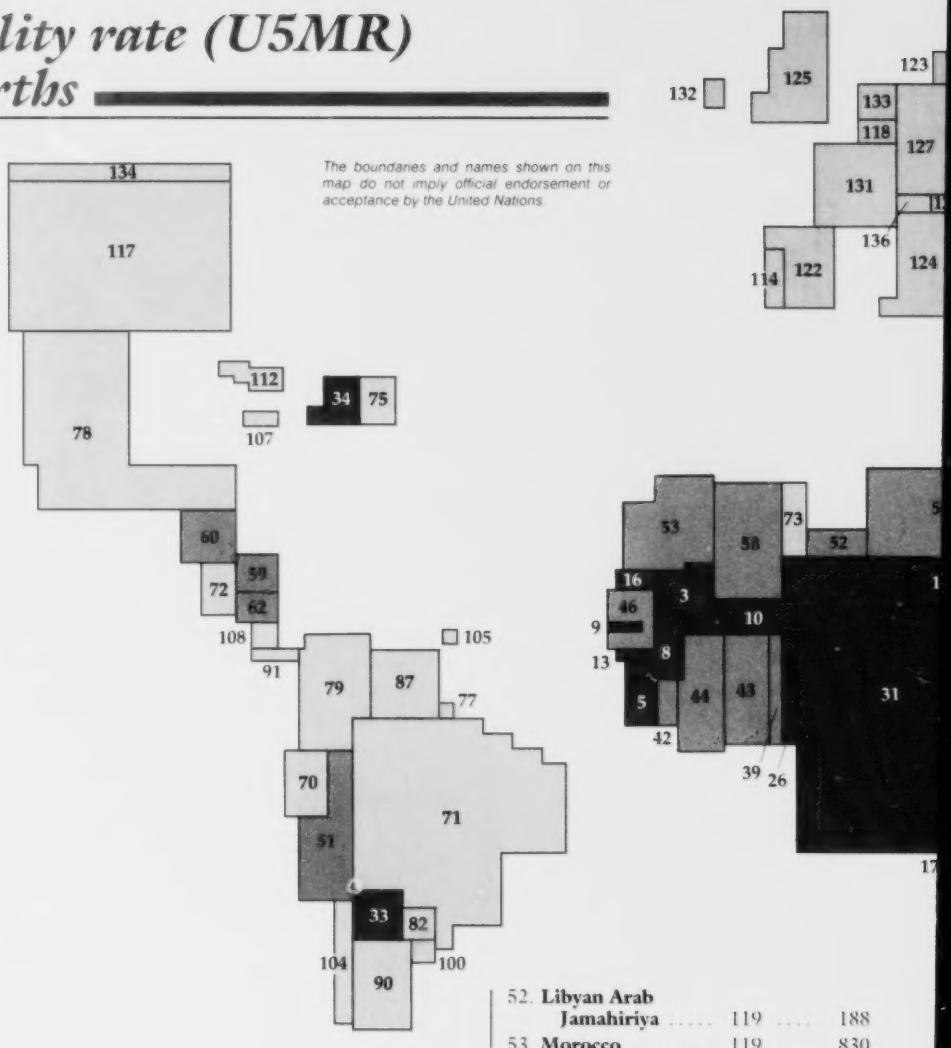
Under-five mortality rate (U5MR) and number of births

The under-five mortality rate (U5MR) is a new index developed by the UN Population Division, with UNICEF support. U5MR is the number of children who die before the age of five for every 1,000 born alive.

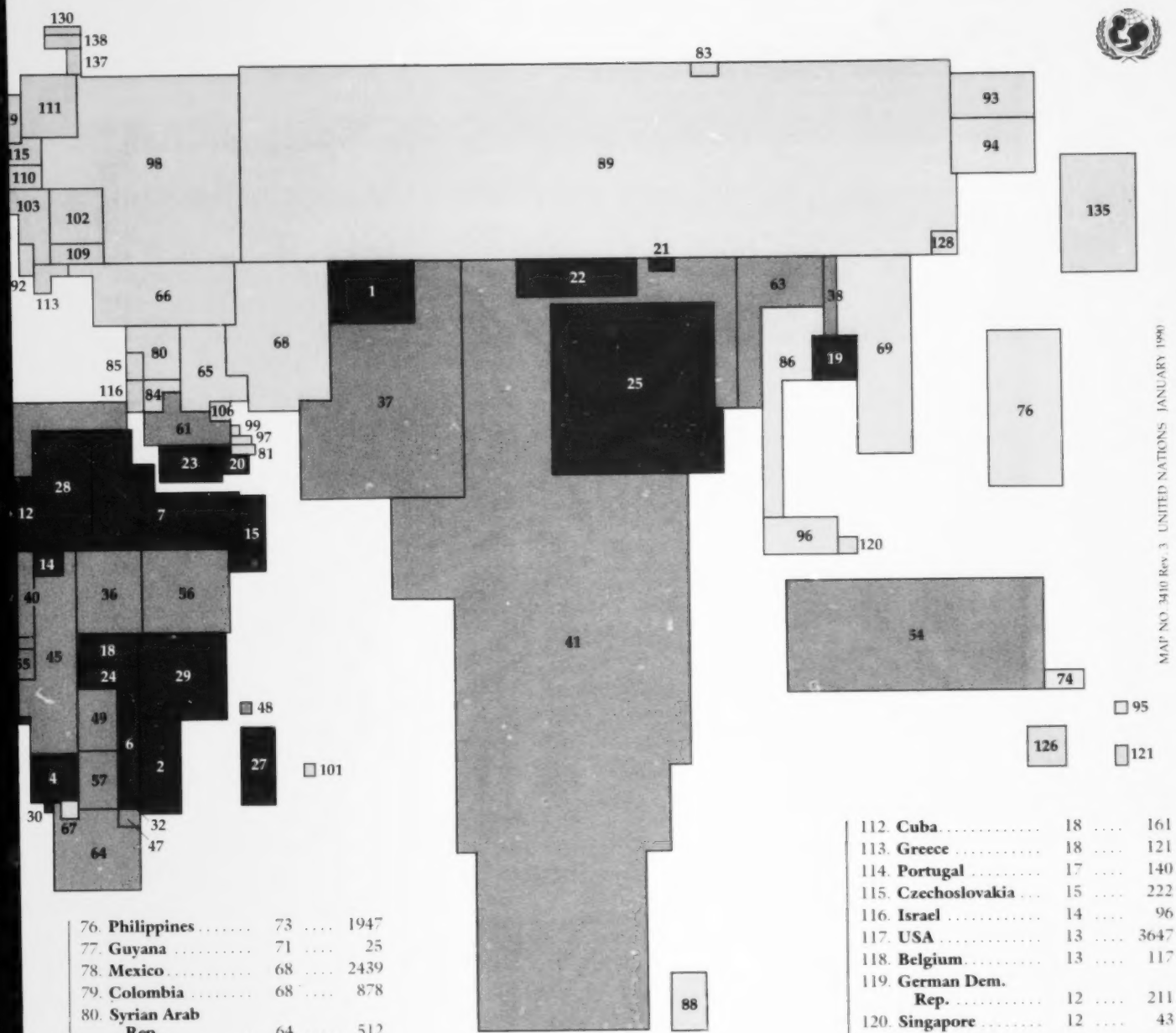
On this cartogramme the size of the country is determined by the number of births and the shadings depict the U5MR as follows:

- Very high U5MR countries (over 170)
- High U5MR countries (95-170)
- Middle U5MR countries (31-94)
- Low U5MR countries (30 and under)

The countries on this cartogramme are listed in descending order of their 1988 under-five mortality rate.



	U5MR	Number of births (thousands)
OVER 170		
1. **Afghanistan**	300	843
2. **Mozambique**	298	669
3. **Mali**	292	444
4. **Angola**	292	450
5. **Sierra Leone**	266	191
6. **Malawi**	262	419
7. **Ethiopia**	259	2019
8. **Guinea**	248	305
9. **Gambia**	245	38
10. **Burkina Faso**	233	404
11. **Niger**	228	343
12. **Chad**	223	239
13. **Guinea-Bissau**	223	39
14. **Central African Rep.**	223	123
15. **Somalia**	221	353
16. **Mauritania**	220	89
17. **Equatorial Guinea**	214	18
18. **Rwanda**	206	347
19. **Kampuchea**	199	319
20. **Yemen, Dem.**	197	111
21. **Bhutan**	197	56
22. **Nepal**	197	714
23. **Yemen**	190	364
24. **Burundi**	188	236
25. **Bangladesh**	188	4642
26. **Benin**	185	226
27. **Madagascar**	184	516
28. **Sudan**	181	1062
29. **Tanzania, U. Rep. of**	176	1291
30. **Namibia**	176	15
31. **Nigeria**	174	5286
32. **Swaziland**	174	35
33. **Bolivia**	172	297
34. **Haiti**	171	215
95 – 170		
35. **Gabon**	169	43
36. **Uganda**	169	868
37. **Pakistan**	166	5263
38. **Lao People's Dem. Rep.**	159	159
39. **Togo**	153	146
40. **Cameroon**	153	451
41. **India**	149	26446
42. **Liberia**	147	109
43. **Ghana**	146	624
44. **Côte d'Ivoire**	142	596
45. **Zaire**	138	1542
46. **Senegal**	136	320
47. **Lesotho**	136	68
48. **Comoros**	129	22
49. **Zambia**	127	400
50. **Egypt**	125	1799
51. **Peru**	123	719
52. **Libyan Arab Jamahiriya**	119	188
53. **Morocco**	119	830
54. **Indonesia**	119	4822
55. **Congo**	114	84
56. **Kenya**	113	1238
57. **Zimbabwe**	113	379
58. **Algeria**	107	943
59. **Honduras**	107	191
60. **Guatemala**	99	353
61. **Saudi Arabia**	98	557
62. **Nicaragua**	95	150
63. **Myanmar**	95	1242
64. **South Africa**	95	1062
31 – 94		
65. **Iraq**	94	751
66. **Turkey**	93	1502
67. **Botswana**	92	57
68. **Iran, Islamic Rep. of**	90	2175
69. **Viet Nam**	88	2057
70. **Ecuador**	87	359
71. **Brazil**	85	4066
72. **El Salvador**	187	84
73. **Tunisia**	83	231
74. **Papua New Guinea**	81	145
75. **Dominican Rep.**	81	211



76. **Philippines**	73	....	1947
77. **Guyana**	71	....	25
78. **Mexico**	68	....	2439
79. **Colombia**	68	....	878
80. **Syrian Arab Rep.**	64	....	512
81. **Oman**	64	....	63
82. **Paraguay**	62	....	139
83. **Mongolia**	59	....	82
84. **Jordan**	57	....	182
85. **Lebanon**	51	....	82
86. **Thailand**	49	....	1218
87. **Venezuela**	44	....	569
88. **Sri Lanka**	43	....	380
89. **China**	43	....	22202
90. **Argentina**	37	....	672
91. **Panama**	34	....	61
92. **Albania**	34	....	74
93. **Korea, Dem. People's Rep. of**	33	....	623
94. **Korea, Rep. of**	33	....	790
95. **Fiji**	32	....	19
96. **Malaysia**	32	....	460
97. **United Arab Emirates**	32	....	33
98. **USSR**	32	....	5108
99. **Bahrain**	31	....	13
100. **Uruguay**	31	....	58

30 AND UNDER

101. **Mauritius**	29	....	21
102. **Romania**	28	....	356
103. **Yugoslavia**	28	....	353
104. **Chile**	26	....	299
105. **Trinidad and Tobago**	23	....	29
106. **Kuwait**	22	....	61
107. **Jamaica**	22	....	62
108. **Costa Rica**	22	....	79
109. **Bulgaria**	20	....	115
110. **Hungary**	19	....	126
111. **Poland**	18	....	620
112. **Cuba**	18	....	161
113. **Greece**	18	....	121
114. **Portugal**	17	....	140
115. **Czechoslovakia**	15	....	222
116. **Israel**	14	....	96
117. **USA**	13	....	3647
118. **Belgium**	13	....	117
119. **German Dem. Rep.**	12	....	211
120. **Singapore**	12	....	43
121. **New Zealand**	12	....	52
122. **Spain**	12	....	503
123. **Denmark**	11	....	55
124. **Italy**	11	....	629
125. **United Kingdom**	11	....	755
126. **Australia**	10	....	243
127. **Germany, Fed. Rep. of**	10	....	635
128. **Hong Kong**	10	....	87
129. **Austria**	10	....	87
130. **Norway**	10	....	52
131. **France**	10	....	778
132. **Ireland**	9	....	67
133. **Netherlands**	8	....	174
134. **Canada**	8	....	362
135. **Japan**	8	....	1455
136. **Switzerland**	8	....	75
137. **Finland**	7	....	62
138. **Sweden**	7	....	93

UNICEF programmes from general resources

UNICEF programmes are approved for multi-year periods. Those recommendations being proposed to the 1990 Executive Board session are indicated in colour and should be regarded as tentative.

In the case of certain countries, particularly those where a special programme has resulted from drought, famine, war or other emergency, the level of already supplementary funded programmes is high enough to make a significant difference to the size of the overall programme. In addition to these levels, there are supplementary funds for long-term and emergency programmes.

UNICEF programme expenditure in different countries is allocated according to three criteria: under-five mortality rate (U5MR: annual number of deaths of infants under five years of age per 1,000 live births); income level (GNP per capita); and the size of the child population.

(1) Includes Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Turks and Caicos Islands.

(2) In addition–1990-94: $1,800,000 for Palestinians.

(3) Includes Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

(4) Financed from interregional funding only in 1989: Argentina, Barbados, Belize, Costa Rica, Gabon, Panama, Seychelles, Suriname, Trinidad and Tobago, Uruguay and Venezuela.

UNICEF currently co-operates in programmes in 128 countri
34 in Asia; 35 in Latin America; 15 in the Middle East and

Afghanistan—1990-91: $10,000,000
Algeria—1986-90: $1,665,000
Angola—1987-91: $5,924,000
Argentina[4]—1989: $1,629,000
Bangladesh—mid-1988-mid-93: $65,000,000
Barbados[4]—1989: $135,000
Belize[4]—1989: $80,000
Benin—1990-94: $4,455,000
Bhutan—1986-91: $2,850,000
Bolivia—1989-93: $5,270,000
Botswana—1990-94: $2,500,000
Brazil—1990-95: $9,552,000
Burkina Faso—1988-91: $5,800,000
Burundi—1989-92: $6,000,000
Cambodia—1991: $2,500,000
Cameroon—1985-90: $2,747,000
Cape Verde—1990-94: $1,500,000
Central African Republic—1989-93: $3,000,000
Chad—1990-94: $7,500,000
Chile—1989-90: $400,000
China—1990-94: $62,000,000
Colombia—1989-92: $5,000,000
Comoros—1990-94: $1,500,000
Congo—1988-92: $2,225,000
Costa Rica[4]—1989: $50,000
Côte d'Ivoire, Rep. of—1990-91: $1,940,000
Cuba—1990-94: $700,000
Dem. Yemen—1990-95: $5,500,000
Djibouti—1989-93: $1,500,000
Dominican Republic—1988-91: $2,001,000
Eastern Caribbean Islands[1]—1988-92: $2,250,000
Ecuador—1990-93: $2,250,000
Egypt—1990-94: $17,000,000
El Salvador—1988-92: $1,638,000
Equatorial Guinea—1989-93: $475,000
Ethiopia—mid-1988-mid-93: $45,000,000
Gabon[4]—1989: $50,000
Gambia—1987-91: $1,064,000
Ghana—1985-90: $8,574,000
Guatemala—1988-91: $2,597,000
Guinea—1987-91: $5,765,000
Guinea-Bissau—1989-93: $1,500,000
Guyana—1990-94: $1,600,000
Haiti—mid-1990-mid-95: $7,305,000
Honduras—mid-1987-91: $2,077,000
India—1986-89: $140,437,000
Indonesia—1990-95: $62,450,000
Iran, Islamic Rep. of—1990-95: $2,500,000
Iraq—1990-95: $2,850,000
Jamaica—1990-94: $1,500,000
Jordan[2]—1990-94: $2,500,000
Kenya—1989-93: $15,000,000
Korea, Dem. People's Rep. of—1989-92: $1,050,000
Korea, Rep. of—1990-93: $1,400,000
Lao People's Dem. Rep.—1987-91: $4,810,000
Lebanon[2]—1990-91: $1,000,000
Lesotho—1987-91: $2,570,000
Liberia—1986-90: $2,435,000
Madagascar—1990-94: $12,500,000
Malawi—1988-92: $9,150,000
Malaysia—1989-91: $1,250,000
Maldives—1990-94: $1,500,000
Mali—1989-93: $13,500,000
Mauritania—1989-93: $2,405,000
Mauritius—1990-94: $1,500,000
Mexico—mid-1990-95: $8,050,000
Mongolia—1986-90: $250,000
Morocco—1987-91: $9,050,000
Mozambique—1990-95: $27,900,000
Myanmar—1987-90: $20,000,000
Namibia—1989-90: $2,000,000
Nepal—1988-92: $17,500,000
Nicaragua—1990-mid-92: $1,450,000

es: 44 in Africa; North Africa.

Niger	1990-94: $7,500,000
Nigeria	1989-mid-91: $29,000,000
Oman	1990-91: $750,000
Pacific Islands[1]	1988-92: $3,250,000
Pakistan	1988-92: $35,000,000
Panama[1]	1989: $340,000
Papua New Guinea	1988-92: $1,200,000
Paraguay	1989-93: $1,640,000
Peru	mid-1987-92: $5,950,000
Philippines	1988-92: $12,500,000
Rwanda	1988-92: $6,000,000
Sao Tome and Principe	1989-90: $500,000
Senegal	1987-91: $7,479,000
Seychelles[1]	1989: $50,000
Sierra Leone	1991-95: $6,250,000
Somalia	1988-92: $8,060,000
Sri Lanka	1989-93: $5,300,000
Sudan	1987-91: $15,500,000
Suriname[1]	1989: $50,000
Swaziland	1989-93: $805,000
Syrian Arab Republic[2]	1991-95: $2,500,000
Tanzania, United Rep. of	1987-91: $23,825,000
Thailand	1989-93: $12,500,000
Togo	1990-94: $4,250,000
Trinidad and Tobago[1]	1989: $50,000
Tunisia	1987-91: $2,477,000
Turkey	1988-92: $1,800,000
Uganda	1990-95: $22,800,000
Uruguay[1]	1989: $212,000
Venezuela[1]	1989: $520,000
Viet Nam	1988-91: $24,000,000
Yemen Arab Republic	1987-91: $6,250,000
Zaire	1987-91: $21,500,000
Zambia	1987-91: $2,950,000
Zimbabwe	1987-91: $6,150,000

and girls, which calls for the incorporation of their needs and concerns into the mainstream of its programmes, was defined by the Executive Board in 1985 and 1986, and an implementation strategy was approved in 1987 (E/ICEF/1987/L.1). A review of action in line with that policy was endorsed in a Progress Report on Achievements Made in the Implementation of UNICEF Policy on Women in Development (E/ICEF/1989/L.1).

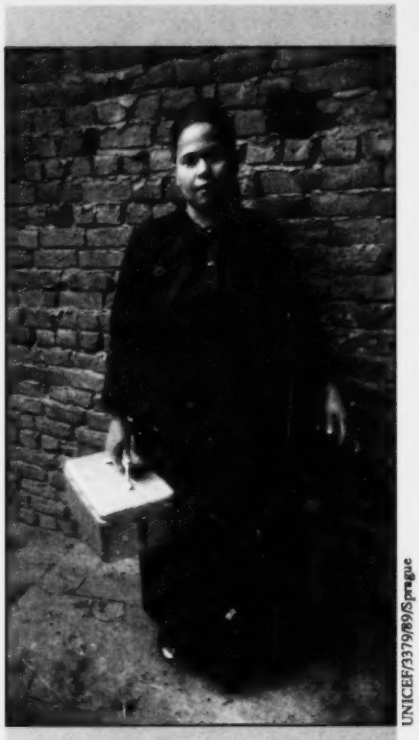
The strategy is aimed at women's needs in a developmental, rather than a welfare sense. Operational guidelines to systematize a women's dimension in programme planning and implementation (CF/PD/PRO-1987-003) were issued in 1987, and elaborated in Programme Guidelines on Women's Programmes (Vol. 4), which was distributed to all offices as part of the field manual in 1989.

The UNICEF strategy identifies three main directions for programme action which would:

- ensure that programme interventions include not only infants but young children under age five, girls, adolescents and women of all ages, regardless of maternal status;
- emphasize approaches at the grassroots level which help women define their problems and become directly involved in the planning, implementation and evaluation of UNICEF-assisted projects;
- see that, in the longer term, women are not treated as a separate target group in the development process.

During the year, several countries (Brazil, Colombia, India, Malawi, Morocco, Myanmar, Somalia, Togo, Uganda, Venezuela) commissioned studies on the needs of girl school drop-outs, pregnant adolescents, rural women, women farmers, female-headed households, and the issues of access to credit and primary schooling, unemployment, migration and the impact of economic crises and adjustment programmes on women. Seven case-studies, sponsored by the Regional Office for the Americas and the Caribbean and published in *The Invisible Adjustment: Poor Women and the Economic Crisis*, underscored some of these issues.

One measure of national responses to UNICEF policies on women is the articulation of objectives for girls, adolescents and adult women in country programmes. Brazil, Cuba, Ethio-



UNICEF/1379/89/Sprague

UNICEF/7926/89/Sprague

Women and girls should not be treated as a separate target group when development policies are formulated. Their needs and concerns should be squarely in the mainstream of the development process.

Eating straight from the garden

Honiara: Kally Kausimae has seven children to feed, and like a growing number of Solomon Islanders who have chosen to live in the capital, she sometimes finds it difficult to make ends meet. The population of Honiara is growing at a rate of 10 per cent a year—almost three times the national birth rate—and the need to import food from the outer rural areas has pushed prices beyond the budgets of average wage-earners.

But, while some have cut back on purchases of staple fruits and vegetables, Kally has made a determined effort to maintain a balanced family diet by 'farming' her back yard. She has planted cabbages, tomatoes and beans and has not had to compromise at the dinner-table, but it hasn't been easy. The thin topsoil in the White River area where she lives is waterlogged most of the year, and Kally has had to improvise. Her garden is a collection of old rubber tyres, biscuit tins, fish floats and any other container that will hold a rich home-made compost and a few plants. Using natural fertilizer and ash to control the worms, she has established a steady rotation of vegetables so that there is something ready to be picked every day.

A neighbour, Evelyn Ilu, took a different approach. She dug a long, wide trench alongside her house, filled it with vegetable cuttings and covered it over with soil and a layer of coconut husks to keep the ground cool. She put up a fence to keep out the chickens, and planted corn, beans, taro, snake gourd, tomatoes and slippery cabbage. "My children like to eat them straight from the garden", she says.

Kally and Evelyn are graduates of Honiara's unique *Sup-sup Gaden* programme, which sponsors daily workshops on small-scale mixed-food gardening for women. The programme was initiated in 1986 by Dr. Helen Paton, who was the Town Council Medical Officer at the time. Dr. Paton was concerned at the growing number of patients with nutrition-related diseases and conducted a survey. She found that child malnutrition was rising, together with 'white men's diseases' including diabetes, hypertension, heart problems, obesity and dental caries—problems which were associated with imported foreign foods and a breakdown in traditional agriculture.

Dr. Paton rallied some nurses and other concerned residents and started a gardening club. They called it *Sup-sup* after a local stew, and invited women to join.

The *Sup-sup* gardeners soon discovered what many traditional farmers had known all along. The hard coral-based soils are thin, dry and vulnerable to erosion, and most rural people practise shifting cultivation rather than persevere with one patch of ground season after season. Promoters of the garden concept also found that squatters and renters were reluctant to develop land which was not their own.

The Honiara Town Council provided land for the gardening club on a hillside near the centre of town, and UNICEF was asked to provide technical support for classes on cultivation and nutrition. The land was steep and arid—typical of the Solomon Islands and therefore ideal as a demonstration site.

Classes were popularized through radio advertisements, a song competition, posters, a magazine called *Sup-Sup Nius*, and noticeboards in clinics.

"We try to share skills on terracing, crop rotation, natural pest control, mulching, composting and container gardening, which help make the best use of small areas", says Project Officer Sarah Osiabu. "These techniques allow gardeners to use the same land over and over again, a concept unfamiliar to Solomon Islanders. We try to encourage people to grow nutritious vegetables and not just fancy crops. Our slippery cabbage, for example, is more nutritious and easier to tend than Chinese cabbage."

Emphasis throughout the programme has been on traditional herbaceous crops such as *kumara* (sweet potato), pumpkin, pineapple, papaya and slippery cabbage, which people know how to cultivate and prepare, are easy to grow and are highly nutritious.

Daniel Ho'ota, Chairman of the *Sup-Sup Gaden*'s Board of Trustees, sees a long-term future for the programme as more and more rural dwellers move into town. And Sarah Osiabu believes many of the messages learned in Honiara will also be valuable elsewhere. She says many islanders are already finding that population growth and limited national land resources are restricting their slash-and-burn style of agriculture.

"It will take time for people to get used to cultivating the same patch year after year", she says. "But many women and their families now in Honiara will eventually go back to their villages and will take *Sup-sup* techniques with them."

UNICEF/Wyatt 29

pia, Indonesia, Kenya, Panama, Peru and the Philippines have incorporated women-related objectives in all sectoral programmes. And women's participation, income-generation, access to credit, employment, reduction of work-load, non-formal education and the provision of child-care facilities for working women have been specified in the programmes of Brazil, Burkina Faso, Colombia, Democratic Yemen, Mauritius, Mexico, Nepal, Sierra Leone, Tanzania and Venezuela. Several countries (Bangladesh, Burkina Faso, Burundi, Egypt, Nepal, Pakistan, Thailand) have supported credit and revolving loan funds as incentives for women to join health and literacy programmes.

Programmes have targeted pregnant adolescents in the Caribbean, school drop-outs in China and Thailand, female-headed households in the Caribbean, Cape Verde, Malawi and Mozambique, women farmers in Malawi and widows of violence in Guatemala and Lebanon. From 1986 to 1989, UNICEF assisted a project in Lebanon that provided rehabilitation and vocational training for 650 widowed mothers and family-based care for 5,000 orphans.

Many countries have integrated gender concerns in sectoral programmes for health, education, water and sanitation, nutrition and household food security.

In Mozambique, under conditions of war and destabilization, an area-based strategy was effectively used to support the Mozambican Women's Organization (OMM) and the National Directorate of Rural Development to integrate projects covering household food security, health, child care, adult education and training. In the Beira Green Zone project, a core of 400 women promoted activities which benefited 27,000 people. The Maputo Green Zone women's co-operative project, which has 92 per cent female membership, has covered some 11,000 families. Another project in Massinga District reintegrated 20,000 people who were internally displaced.

It is women who often earn the credit for successful health and water and sanitation projects. Country examples include Bolivia, India, Indonesia, Iraq, Nigeria, Peru, Somalia and Sudan. In Iraq, the General Federation of Iraqi Women mobilized a network of 1.2 million women and 30,000 community volunteers for CSD activities, and provided health education which contributed to a dramatic decline in infant mortality. The mobilization of women for CSD in Peru has involved more than 500,000 women in 84 grass-roots organizations. In Djibouti and Somalia, national women's organizations have effectively advocated for the elimination of female circumcision and other harmful practices that affect women's health. In the Lao People's Democratic Republic and Viet Nam, women's unions have promoted motherhood training and strengthened CSD activities through the use of videos.

Many countries (Ethiopia, Ghana, Guatemala, India, Sierra Leone, Viet Nam and Zimbabwe) have strengthened training within safe motherhood programmes for TBAs, midwives and village health workers. Progress has also been made in the coverage of tetanus toxoid immunization for women of child-bearing age.

It must be noted, however, that non-maternal health needs have received little attention overall. Only a few countries have focused on female children and adolescents for health support. If the individual development and productivity of women is to be increased, attention will have to be given to their non-reproductive health needs from the earliest age. □

Sustainable development – the environment

Direct interventions to protect the environment have not been a part of traditional UNICEF co-operation, but activities to promote sustainable development through a better environment for children can be found in a range of long-standing UNICEF-supported operations.

Most obvious is the global expenditure by UNICEF of US$70 million a year for WATSAN projects, US$3 million a year for social forestry and development of energy-efficient cooking stoves, and the promotion of US$120 millions' worth of unfunded supplementary projects in areas related to the environment. The Board has approved expenditure of US$3 million for additional work on the environmental dimensions of UNICEF projects.

In response to the current emergency, environmental considerations have become part of the UNICEF programming process.

UNICEF/367589/Sprague

The UBS programme complements governmental efforts to improve environmental conditions in small and medium-sized towns, and the sanitation programme has been working to safeguard against the pollution of water sources and the erosion of rural cropland. UNICEF also continues to work through women's development schemes to promote social forestry in the context of income-generating activities.

In Nepal, these concerns are reflected in efforts to provide Production Credit for Rural Women (PCRW), as well as the Small Farmers Development Programme (SFDP). Both deal with such things as the planting of community woodlots and forest preservation, fuel-efficient stoves, low-cost water turbines to drive grain mills, biogas plants, environmental sanitation and other appropriate technologies.

Many Latin American countries, and Brazil and Guatemala in particular, have focused on environmental education, and project proposals in this area are expected to come before the 1990 Executive Board for approval.

In Africa, food security issues are of crucial interest, and UNICEF is reviewing its inputs to community production. UNICEF-supported WATSAN programmes are closely involved with efforts to eradicate guinea worm, and in Kenya, UNICEF is co-operating with UNEP on a report on 'Children and the Environment'.

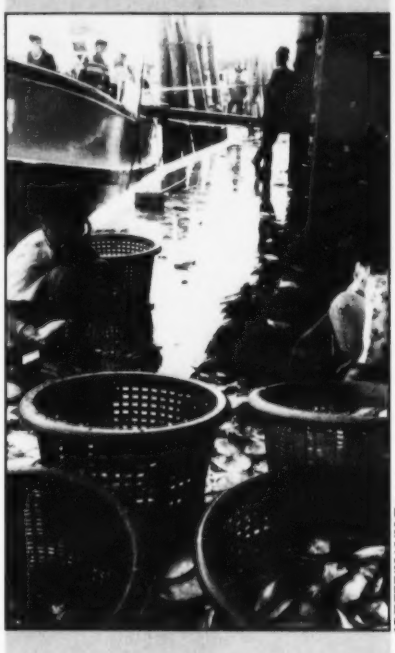
In response to instructions from the United Nations General Assembly that organizations of the UN system should recast their policies with a view to sustainable development, UNICEF presented a policy review document to the Executive Board in April 1989. It concluded that in order to ensure the sustainability of all UNICEF programmes, environmental considerations must be incorporated into the programming process. Having focused for many years on 'silent' environmental emergencies affecting children and mothers in the areas of WATSAN, UBS, social forestry and a variety of fuel-efficient technologies, the challenge now is to find ways within the mandate and resources of UNICEF to consolidate these activities in response to 'loud' environmental emergencies. □

Urban basic services

With war, internal strife and a deteriorating economic situation continuing to affect many countries, urban centres are less and less capable of coping with the needs of their own populations and new immigrants. In 1989 special guidelines were produced for acceleration of EPI in urban areas.

Services for city children now must cover not only the basic population but also new child immigrants, adding to an already overcrowded urban scene.

UNICEF/3693/89/Sprague



UNICEF/3218/89/Romer

Other CSD goals continued to be part of the basic UBS strategy.

UBS programmes in Asia and Latin America continued to expand. The programme in India has reached 118 cities supporting community development officers in city governments, community organization and basic services including PHC, immunization, early childhood development, and water and sanitation. The programme has now become national policy and is supported by other external donors.

The urban programme in Thailand now reaches all major secondary cities. In Bangkok, PHC is now institutionalized and has achieved 88 per cent immunization coverage for all antigens, except measles, which is at 67 per cent. The urban programme has been extended to cover a working and street children project.

In Indonesia, the Philippines and Sri Lanka, UBS programmes are also important components of UNICEF country programmes and reach significant numbers of the urban poor. In Bangladesh, the slum improvement is beyond the pilot stage, but is hampered by the lack of a national urban policy. A pilot project in urban PHC has started in five townships in Myanmar using voluntary health workers and micro-plans prepared by the existing health infrastructure.

Based on new definitions of urban areas, the urban population of China is now 50 per cent of the total population. Although child survival indicators such as IMR, U5MR and nutritional status show that urban areas in China are still relatively better off, a special investigation on the situation of Chinese urban children is needed.

In Latin America, UBS achieved good results in Guatemala, Honduras and Nicaragua in the areas of community development, water supply and basic services respectively.

UBS is gradually taking hold in Kenya, Liberia, Nigeria, Mauritania and Sudan, but as Africa is the most rapidly urbanizing region more extensive programme development is required. The PHC programme in Addis Ababa has established a model for other cities in the region, particularly in reaching high levels of immunization coverage. □

Children in especially difficult circumstances

There is a growing international focus on the needs of children in urban areas and on working and street children in particular.

Child labour is more widespread every year. India alone has millions of working children. UNICEF is continuing to work with ILO on the question of child labour and supported a tripartite meeting on child labour in Africa, held in Cairo in September. Egypt, the Philippines, Thailand and several Latin American countries started programmes to provide protection and services for working children in 1989, and a meeting of these countries has been proposed as one means of reviewing experiences and providing guidance for training modules being prepared by UNICEF and ILO. A UNICEF staff working paper on 'Protecting Working Children' was published in September.

UNICEF continues to expand its co-operation with national and international NGOs to raise public awareness and concern on child abuse and neglect. This, together with a growing population of working children, is also a large and growing problem in industrialized countries.

Concern for street children in the past has been most pronounced in Latin America, where major efforts relate to the promotion in Brazil of children's and adolescent rights, juvenile justice and labour laws. A subregional Central American proposal concerning children in especially difficult circumstances is before the 1990 Executive Board.

UNICEF also gives support to street children programmes that are being initiated in Africa and Asia. In 1989 Childhope, the international NGO that deals specifically with the needs of street children, organized the first Asian Regional Conference on Street Children, which did much to promote awareness of the deprivation and risks that children in increasingly urban third world countries share. The Conference also opened the door to a much wider sharing of agency experiences in working with street children.

Despite an easing of tensions in some parts of the world, armed conflicts in Africa, the Middle East, Asia and Central America continue to place children in especially difficult circumstances.

There are many new or ongoing UNICEF responses to these situations. The Executive Director's leadership in establishing 'corridors of tranquillity' in Sudan reinforced the concept of children as a zone of peace. In Lebanon, summer youth camps have attempted to promote peace and understanding among young people from conflicting factions. Projects have started in order to expand services available to children in the Philippines affected by armed conflicts.

In Central America and in the front-line States of southern Africa, research is under way on the psychosocial impact of conflict on children. In Mozambique, a unique social rehabilitation programme deals with the detraumatization of children who watched their parents die or were even forced to participate in their deaths.

The extent and diversity of these activities suggest a need for an interregional exchange of experiences. □

UNICEF/3733/89/Graziano

UNICEF/3804/89/Kasey

Child abuse and neglect are rampant in the cities, where millions of street children, often abandoned, orphaned and displaced, form a huge working population.

Emergency relief and rehabilitation

UNICEF responded to natural and man-made disasters in 39 countries during the year and continued to operate relief and rehabilitation programmes in Iran, Iraq and Lebanon. The organization also supported initiatives of the United Nations Secretary-General to mobilize extra resources for victims of drought, famine and conflicts in sub-Saharan Africa, Afghanistan and Namibia.

In Africa, the Americas and the Middle East, 15 countries fully utilized the Executive Director's Emergency Reserve Fund's annual allocation of US$4 million. And with the agreement of governments, UNICEF funds for long-term programmes were diverted to immediate relief activities in 14 countries of Africa, Asia and the Middle East. Special contributions for specific-purpose emergency operations in 21 countries totalled US$46.9 million.

For much of the year, the main operational focus of UNICEF was on the special emergency in southern Sudan where Operation Lifeline Sudan (OLS) addressed the needs of many thousands of victims of flooding, drought, food shortages, epidemics and a prolonged conflict which had displaced a large segment of the population, destroyed infrastructure and impeded the delivery of relief.

It is estimated that in 1988 some 250,000 people died in southern Sudan as a result of hunger and disease, and when the Government requested emergency assistance, the United Nations Secretary-General responded on 27 October 1988 with an appeal to the international community. His appeal was followed by a joint Government/United Nations high-level meeting in Khartoum (8-9 March 1989), at which all parties endorsed an emergency plan of action.

UNICEF Executive Director James P. Grant led the United Nations delegation in Khartoum, and on 23 March the Secretary-General appointed him as his Personal Representative for OLS. A United Nations Operations Group, including representatives of the International Committee for the Red Cross, was set up at New York Headquarters at the same time, together with an internal UNICEF inter-divisional task force. UNICEF strengthened its offices in Khartoum and Nairobi and seconded international staff to provide support. More than 80 UNICEF staff have served in these field operations to date.

The situation in Ethiopia is once again critical. Continuing conflict and the failure of the 1989 harvest have affected millions.

UNICEF/3413/89/Simmons

UNICEF/3410/89/Simmons

As of 30 September, more than 106,000 metric tonnes of food and non-food assistance, including medical supplies, had been delivered. This was about 88 per cent of the priority needs estimated at the time of the March conference. By 8 December, a UNICEF emergency appeal for southern Sudan was just US$4.4 million from its US$20.5 million target.

Mr. Grant's mandate as Personal Representative of the Secretary-General ended in October, and phase one of OLS was completed on 31 October. The new Personal Representative during phase two is Michael Priestley, who is also UNDP Resident Co-ordinator and Resident Representative in Sudan.

OLS established a precedent by opening 'corridors of tranquillity' so that relief convoys could pass through contested territory. It demonstrated that impartial humanitarian programmes can be a catalyst for peace, and it is to be hoped that this lesson can be replicated in other nations similarly affected by war.

Elsewhere, there was a strong focus on emergency preparedness and prevention. Greater attention was directed to means of strengthening national early warning systems, of building local capacities to co-ordinate emergency responses, and of developing self-sufficiency at household and community levels.

During the year, UNICEF supported preparedness initiatives in Angola, Bangladesh, Ethiopia, Mozambique, Sudan and Zimbabwe and strengthened its collaboration with other United Nations agencies. It is a member of the Steering Committee of the UN International Decade for Natural Disaster Reduction. UNICEF collaboration with FAO, UNDRO, UNHCR, WFP and WHO is particularly close and includes joint programming in nutritional monitoring and surveillance, joint needs assessments in Lebanon, Mauritania, Senegal and Sudan, active participation in inter-agency task forces, and consultation meetings on policy and programme formulation for displaced persons.

Despite peace initiatives and encouraging cereal harvest prospects, the African continent faces acute

Fragile peace – a remarkable change

Modest UNICEF inputs can sometimes bring dramatic changes to areas torn by poverty or conflict, and the Ile district of Zambesia Province, Mozambique, was one of those places where UNICEF made a difference in 1989. UNICEF field officer Iain Levine filed the following report after a visit to the district capital in September:

"As our aircraft approached the town the pilot made a stomach-churning drop into his landing approach. 'I don't want to risk being shot at by the bandits', he explained by way of apology. 'It's best to land as quickly as possible.'

"As we descended towards the dirt landing strip, green hills rolled into the distance and all appeared peaceful – no sign of the 14-year-long war which had devastated the district and its people.

"We were met at the airport, as always, by government soldiers. But this time they were smartly dressed in new uniforms and shoes – a stark contrast to the ragged half-naked soldiers I was used to seeing. The only working vehicle in the district, a truck, transported us the 12 kilometres to town where evidence of the struggle between government troops and the guerrilla forces of the Mozambique National Resistance – better known as Renamo – was unmistakable. In recent years Ile has been overrun by the rebels five times – twice in the 10 months prior to my latest visit. Destroyed and damaged buildings testify to the violence wreaked on the town and its thousands of inhabitants who have fled time and again, abandoning their meagre possessions.

"Ile has become one of UNICEF's main areas of work in the war-torn province. In a February attack, 62,000 displaced persons were forced to flee along with the rest of the population. The rebels stole or destroyed everything they could lay their hands on, and when people were able to return they were dependent on outside assistance which could only be delivered by air. Hundreds of people died from hunger and disease before a government airlift, with support from UNICEF, could meet their needs.

"When I visited the district in early May the scenes were pitiful. Thin children with swollen bellies and staring eyes sat motionless in front of pathetic hovels, and one man told how he had lost three of his six children in the previous five months. Everywhere we went the story was the same: no food, no clothing, no medicines, no soap, no seeds, no tools.

"During my September visit I was amazed by how much had changed.

"Two convoys of vital supplies had negotiated the journey overland with military escorts, and the International Committee of the Red Cross was running a supplementary feeding centre with goods that had been flown in. At one centre for displaced persons, the children were still self-conscious in new clothes which had been provided by UNICEF and distributed by the government relief body. All had schoolbooks, and they had just left their little mud-and-thatch school for the day like normal children in a normal village.

"All, however, were acutely aware that the peace was fragile. People pointed out the various paths the bandits used, and they knew they could wake early in the morning to the sound of gunfire and crying children and have to flee once more into the bush.

"It was obvious, however, that UNICEF had made an important impact on their lives. In addition to financial help with the airlift, UNICEF has sent clothes, soap, cement for reconstruction, and chickens to replace lost livestock. Carpentry tools are awaiting transportation together with cloth which local tailors have agreed to cut and stitch into clothing in return for the material and supplies of thread and needles. Seeds and agricultural implements are on the way, and, most important, UNICEF has started to build close working relationships with the people and the district government officials, in anticipation of a time when longer-term, development-oriented programming will again be possible."

UNICEF/Wyatt 30

UNICEF/3458/89/Pirou

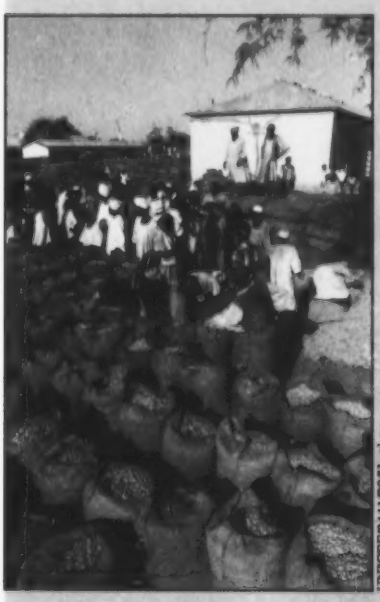
UNICEF/3610/89/Hartley

UNICEF/3615/89/Hartley

UNICEF/3422/89/Hartley

UNICEF/3154/89/Hartley

UNICEF/3405/89/Simmons



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James P. Grant served as the UN Secretary-General's Personal Representative for phase one of Operation Lifeline Sudan. Convoys brought emergency relief to thousands.

emergencies in some countries. The six most affected are Angola, Ethiopia, Mozambique, Somalia and, recently, Mauritania and Senegal. Despite a noticeable slow-down in donor response to emergency appeals, UNICEF launched renewed appeals for Angola, Ethiopia and Mozambique. The Executive Director approved allocations from the Emergency Reserve Fund for Benin, Ethiopia, Mauritania and Senegal. In all, UNICEF provided emergency assistance to 16 African countries.

The third edition of *Children on the Front Line*, with an additional chapter on Namibia, was launched simultaneously in Harare and London in April 1989, and shows that children in southern Africa continue to be severely affected by war and destabilization. Recurring droughts, floods and epidemics, underlined by violence and war, brought about the movement of hundreds of thousands of people within countries and across borders between Malawi, Mozambique, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe, generating one of the biggest refugee and returnee problems in the world.

The situation in Ethiopia is critical in the northern regions, especially in Eritrea and Tigre, where the impact of drought and population displacement is estimated to be more severe than in 1984-85. The failure of the 1989 harvest and the widening factional hostilities have gravely affected over two million people. Aside from the drought besieging the northern regions, international refugees continue in western Ethiopia (350,000 Sudanese) and in eastern Ethiopia (300,000 Somali).

The north-west region of Somalia remains inaccessible, hampering emergency assistance and limiting operations to relief and rehabilitation activities. UNICEF is trying, however, to continue its development programme in accessible areas.

The conflict between Senegal and Mauritania has left a total of 300,000 people displaced, with serious social and economic repercussions for both countries.

About 25 per cent of all refugees in the world are in Africa, and, in addition, 10 million people have been internally displaced by drought and conflict, resulting in higher malnutrition rates and increased incidence of disease. □

Monitoring and evaluation

Evaluations of UNICEF field activities increased by 47 per cent during the year from 220 to 320 for the period from October 1988 to September 1989. The number of action-oriented studies increased by 26 per cent over the same period.

Countries in MENA conducted 141 evaluations and 66 studies, followed by ESARO (52 and 88), WCARO (38 and 76), EAPRO (34 and 81), TACRO (32 and 77), and ROSCA (25 and 23).

UNICEF/2641/89/Watson

UNICEF/2634/89/Watson

Mozambican refugees have fled across the border into Zimbabwe.

Over 65 per cent of country and annual reports indicate that these evaluations had an impact on project design and implementation. Following an evaluation in Bolivia, emphasis was placed on women's education as an incentive to early child stimulation. In Brazil, an ORT evaluation convinced programme managers to make greater use of the media to spread messages on ORS preparation. Information gathered in Sudan cast doubts on the sustainability of mobile EPI teams. A study of traditional birth practices in Pakistan revealed a potential cause of neo-natal tetanus.

The capacity of field offices to conduct evaluations in a timely way remained weak, however. Only 48 per cent of the evaluations planned for 1989 were completed on schedule, although it should be noted that 67 per cent of the year's evaluations were unforeseen.

In late 1988 the Executive Director asked for studies of social mobilization for UCI in six countries. The experiences of Nigeria, Pakistan and Senegal have been assessed and documented, and studies for Colombia, India and Turkey are planned for 1990.

Evaluations of the first group of countries found, among other things, that:

- most mobilization activities centred around the mass media, which carried information on target diseases and the timing and location of vaccination services;
- little advance work was done to gauge user knowledge, attitudes and perceptions, or to design mobilization activities around them. There was also little evidence that the efforts made to mobilize families were aimed at long-lasting changes in attitude;
- insufficient use was made of formal, traditional or private health providers as communicators;
- health structures outside the public sector were not fully involved;
- countries which made provision for accelerated activities in their core budgets, ensured sustainability. Those that did not often remained dependent on donor support.

At the request of the Executive

Board at its 1989 session, the Director of the Evaluation Office used internal and external staff to complete an in-depth evaluation of external relations policies and functions.

The Evaluation Office continued to encourage an exchange of field experiences through its newsletter and other channels. Circulation of the newsletter three times a year has expanded to include several academic institutions and United Nations agencies, some of which have asked to contribute to it.

A workshop was held in Florence in June for 60 field staff who act as evaluation focal points. They shared country experiences and discussed new evaluation techniques such as rapid assessment procedures (RAP) for nutrition and PHC, sentinel sites, cost analysis and rapid assessment of child mortality. They also reviewed the 1988 draft Evaluation Manual, and a revised version is being prepared.

The first regional staff training workshop for the integration of programming and evaluation was held in Mexico in March for 30 people from TACRO, and a regional training workshop for technical officers was conducted in Abidjan in October.

Co-ordination and the exchange of information continued with sister agencies of the United Nations, and the Evaluation Office continues to maintain contacts with other evaluation bodies inside and outside the United Nations system. □

Agencies reach out to children who cannot attend formal school.

UNICEF/3348/89/Antmann

Inter-agency co-operation

UNICEF extended and strengthened its partnership with sister agencies of the United Nations system and NGOs through a number of high-profile initiatives for 1989 and 1990, as well as through ongoing field operations. Among those initiatives were:

- The United Nations Convention on the Rights of the Child, with the United Nations Centre for Human Rights, and the UN Department of Public Information;
- Operation Lifeline Sudan, with UNDP, FAO, WFP and ICRC;
- The Task Force for Child Survival, with WHO, UNDP, the World Bank and the Rockefeller Foundation. The Task Force continued to focus on the development of vaccines and vaccination technology, and UNICEF initiated a technology introduction panel with WHO and USAID to develop and promote low-cost appropriate technologies for PHC. The Task Force organized a meeting to be held in Bangkok in March 1990 as part of the drive to meet UCI goals for the decade;
- PolioPlus, with Rotary International. Rotary has been a powerful force behind social mobilization, raising over US$240 million, especially for the supply of vaccines to eradicate polio. UNICEF is also working with Jaycees International in the hope of developing a similar campaign model for ORT;
- Facts for Life, with WHO and UNESCO;
- The International Drinking Water and Sanitation Supply Decade, with UNDP, WHO, the World Bank and task forces;
- The World Conference on Education for All, with UNDP, UNESCO and the World Bank. Preparations for the Conference (Jomtien, Thailand, March 1990) were well advanced in 1989.

During the year, UNICEF was also closely associated with FAO and WHO on food and nutrition surveillance; with WFP, UNHCR and several other partners on emergency and rehabilitation work; with the United Nations Development Fund for Women (UNIFEM), UNDP, UNFPA and WFP on women in development; and with UNEP on the environment.

JCGP, which comprises UNDP, UNFPA, WFP, IFAD and UNICEF, met regularly during the year under the chairmanship of WFP. In May, a high-level meeting was held to explore ways of incorporating the environment dimension in the programmes of all member organizations.

UNICEF continued to pursue its concern with regard to the impact of adjustment programmes on children and to stress nutrition and human issues in UNDP round tables and World Bank consultative groups. UNICEF was also engaged in a fruitful dialogue with IMF on these matters. UNICEF and WHO are investigating the impact of recession and adjustment, and health financing.

UNDP and UNICEF continued their practice of previewing and reviewing each other's programmes.

UNICEF co-operation with the World Bank extends into the fields of health, nutrition, education, WATSAN, urban development, women in development and safe motherhood.

The long-standing collaboration between WHO and UNICEF currently spans programme fields ranging from EPI, ORT/CDD and ARI to malaria, family health and nutrition, safe motherhood, breast-feeding and MCH, AIDS and essential drugs. The joint 'Statement on Protecting, Promoting and Supporting Breast-feeding: the special role of maternity services' was issued during the year, and agreement was reached on a revised statement on malaria control to be issued in 1990. UNICEF, together with WHO, USAID and the Swedish International Development Authority (SIDA) will organize a meeting on breast-feeding in 1990 to further protect and promote breast-feeding practice.

UNICEF and WHO also continued their close working relationship on the implementation of the Bamako Initiative. □

External relations

Mobilizing for children

UNICEF continued its collaboration with a wide range of partners that helped to focus attention during the year on development issues affecting children.

The Organization worked closely with the Centre for Human Rights on the United Nations Convention on the Rights of the Child; with UNDP, the World Bank and UNESCO on preparations for the World Conference on Education for All, to be held in Thailand in 1990; and, with UNEP, on a report on Children and the Environment. Preparations also began on information support for the World Summit for Children.

The 1990 *State of the World's Children* report was launched by the Executive Director in Washington, D.C. on 12 December. The launch was carried live via satellite to press briefings in Geneva, London and Toronto. Press materials prepared for the report included videotaped interviews and statements from world leaders. A number of European and North American journalists who had visited UNICEF-supported programmes in Africa during the year also used materials they had gathered for features tied to the report.

Adoption of the United Nations Convention on the Rights of the

UNICEF/3335/89/Ammann

The effect on children of the deteriorating environment is a new concern.

Child attracted major media attention. A press kit, produced jointly with the Centre for Human Rights, and a media seminar held in Geneva four days before the Convention's adoption, were instrumental in promoting extensive European coverage. The Convention will remain a major focus for information support in 1990 as attention shifts to the need for its ratification by individual nations.

Significant resources were devoted to the preparation of the World Conference on Education for All, including production of a UNICEF information kit and an electronic bulletin board, EFABASE, providing background information on the Conference and issues to be addressed.

UNICEF remained a key source of information about Operation Lifeline Sudan. The emergency in Afghanistan was the subject of an information kit to assist fund-raising by National Committees, NGOs and other donors. Overall, UNICEF produced timely Emergency Information Notes for National Committees on the situation in more than a dozen countries during the year.

The *Facts for Life* booklet on basic health and education needs and its companion resource booklet *All for Health* were launched at a press conference in Paris in July by UNICEF, WHO and UNESCO to coincide with the 19th International Congress on Paediatrics. More than one million copies are now in circulation in some 40 languages.

Electronic media coverage of UNICEF increased in North America and Europe, with television network stories on ORT, children and AIDS, OLS, child soldiers and various child rights issues, as well as on the activities of UNICEF Goodwill Ambassadors. UNICEF also expanded its co-production of programmes about its projects with networks in Europe. New video productions by UNICEF in 1989 included the 20-minute 'Invest in the Children' and 'Parliamentarians for Children', both of which addressed the questions of 'adjustment with a human face' and debt relief for children. Another UNICEF production, 'Chain of Tears', which documents children's lives in the African front-line States, has been broadcast in many countries. A new edition of the report *Children on the Front Line*, with a section on Namibia, was launched at a news conference in Harare on 4

UNICEF/3389/89/Sprague

UNICEF/3316/89/Zaire

UNICEF/3887/89/Mumm-Lee

UNICEF/3336/89/Asmen

UNICEF's purpose is to protect children in situations of economic decline and a threatened environment. Their rights have been formally declared in the Convention on the Rights of the Child. The World Summit for Children, a meeting of heads of State to be held in September 1990, will bring the special needs of children to world attention.

April with a satellite link to London. In another venture, UNICEF and the Panos Institute are producing *Children in the Sahel* for publication in 1990. UNICEF produced 12 radio spots and a 15-minute feature on breastfeeding for global distribution, and more than 2,000 videos and 900 audio programmes were sent to National Committees, country offices, NGOs and broadcast media.

There has been considerable discussion within UNICEF on ways in which publications can better serve the Organization, and, through a survey, views were sought from 17 National Committees as a guide to the planning of information materials for 1990.

The number of users of the electronic information network grew in 1989, and more than 2,000 messages a month were transmitted. An evaluation of the network was conducted and will be used in conjunction with the publications survey to improve the outreach of electronic services.

The Division of Information has been made responsible for development education, and in March a meeting of development education officers from National Committees was held in Bossey, France. A senior-level post for development education has been established in New York and will be staffed in 1990.

In Nairobi, Kenya, 30 senior African journalists attended a Pan African News Agency/UNICEF training workshop on the special needs of children (10-16 December). In two other joint ventures, UNICEF and the U.S.-based Center for Foreign Journalists sponsored a journalist to teach health and education writing; and a seminar was held in Bangkok in May with the Inter-Press Service to expand journalists' understanding of issues affecting children.

A number of additional information products were printed during the year including the *Annual Report* and *Supplement*, *Facts and Figures*, a pamphlet on the Bamako Initiative, three issues of *African Kora*, and the report of the 3rd Pan-African Symposium on Artists and Intellectuals for African Children.

Photo coverage of UNICEF activities was organized in 20 countries of Africa, Asia and Latin America, and about 30,000 prints and slides were distributed to National Committees, regional offices, NGOs and the media.

UNICEF/3274/89/Wright

UNICEF focuses efforts to mobilize support on mothers and children.

There were major photo series on OLS and the visit of Goodwill Ambassador Audrey Hepburn to Bangladesh (*see profile, page 44*). The Dakar office set up a photo library with help from the Photo Librarian in New York, and UNICEF is working with the United Nations Photo Section on the preparation of a video laser disk photo catalogue containing 100,000 images from various UN agencies.

United Nations Convention on the Rights of the Child

The Convention was adopted by the General Assembly on 20 November, and a number of country programmes to be presented to the 1990 Executive Board already reflect its provisions relating to survival, protection and development.

Before and after the adoption of the Convention, the UNICEF secretariat was asked by the Executive Board to provide information supporting its ratification and to report on those efforts in 1991. Several meetings were convened, and, in most cases, resolutions and statements strongly endorsed the adoption, ratification and implementation of the Convention. Among the year's main events – featuring heads of State and Government, parliamentarians, NGOs and First Ladies – were meetings in Budapest and Paris (March); Tunis and Helsinki (June); Kampala and London (July); and El Salvador and Paris (September). Field offices and National Committees supported these and other gatherings and produced a series of information support materials encouraging the legislative review of children's rights as well as public debate on the Convention's implementation.

Media productions were important tools in the public information campaign leading up to the adoption. They included a video documentary, an animated film, a BBC radio series and an innovative audio learning package, all produced in association with UNICEF.

Self-help — an example to the rest of the world

UNICEF Goodwill Ambassador Audrey Hepburn made a special request in 1989 to be sent to Bangladesh — a country that she felt had been unfairly labelled by many outsiders as a 'basket case'.

While recurring disasters had reduced an area once known as 'Golden Bengal' to the second poorest country in the world after Ethiopia, Miss Hepburn believed strongly that there was another side of the story to be told, so she travelled to Asia in late October to see for herself. She spent seven days in Bangladesh visiting schools, self-help organizations, and projects in villages and slum settlements.

"No other country in the developing world has ever been written off because of natural disasters or a lack of basic services", she said. "The economy of this young, 18-year-old nation may have been impoverished by war, famine and floods, but it has untold wealth in the resilience and resourcefulness of its people, and its strength lies in their unity. Families and community spirit remain intact, together with the people's willingness to help themselves."

Since the birth of the nation in 1971, UNICEF has supported programmes in priority areas of health, education and economic development. It has helped to:

- dig 750,000 tube wells which give access to safe drinking water;
- provide schools with 45 million textbooks;
- implement a vast immunization programme against the five main child killer diseases and polio;
- distribute large amounts of vitamin A to combat blindness;
- provide iodized salt and oil injections as protection against iodine deficiencies which cause goitre and cretinism.

On her return from Bangladesh, Miss Hepburn wrote of the efforts of Bangladeshis at all levels to fight the poverty, diseases and hardship which claim a million young lives every year and plague the lives of the vast majority of the country's 109 million people.

"The self-help institutions of Bangladesh are an example to the rest of the world", she wrote.

"The Bangladesh Rural Advancement Committee (BRAC) provides education for a few hours a day to children in rural areas so that they can have some formal schooling while continuing to work at home or on the land with their parents.

"The Grameen Bank — the so-called 'barefoot bank' — makes small loans to the landless poor and to women in particular. These loans might be as small as one or two dollars (US) with which a borrower can buy a chicken and sell the eggs, or purchase silk thread to make tapestries; the maximum loan is

UNICEF/Wyatt 31

US$200. The founder of the Bank, Dr. Muhammad Yunus, was thought to be crazy when he started lending money to the poor 13 years ago. Bankers told him that poor and illiterate people would never pay him back. But he started lending money out of his own pocket, and today there are 500 Grameen Banks for the poor in Bangladesh, and 98 per cent of all loans are repaid. Dr. Yunus had the vision to see that a little can go a long way in Bangladesh and that people need only a chance to improve their lives.

"Then there is the Kumudini Trust, which provides a hospital service free of charge for the poor and a boarding school for a thousand girls for minimal fees.

"There are handicraft centres for the underprivileged women of the slums who embroider beautiful tapestries. The centres provide a crèche for the women's babies and small children, and primary education for the older ones. The mothers are taught to read and write, and everyone gets three meals a day.

"In one of the slum improvement projects which I visited, UNICEF had dug 11 tube wells to provide safe drinking water for about 250 families. UNICEF had also given support for health care, including immunization for the children. In just three years the infant mortality rate had been reduced to zero. The national average is 110 deaths for every 1,000 live births, and in the slums it is almost double that rate.

"One can see reforestation projects almost everywhere in Bangladesh. The countryside is peppered with saplings — trees which have been planted to replace those torn away by the floods and cyclones of 1988 and previous years.

"All of this is being achieved at low cost with a little assistance from the international community and from the many, many dedicated non-governmental organizations throughout the country.

"The lesson here is that there is no reason why this nation should not get back on its feet. In spite of their ongoing battle with poverty and against nature's most disagreeable forces, the people of Bangladesh have the courage and determination to restore their land to its 'Golden' days."

Celebrity supporters and special events

Public advocacy by celebrity supporters and participation in special events have continued to play a significant role in advancing UNICEF concerns.

During the year, Goodwill Ambassador Audrey Hepburn travelled to more than a dozen countries to observe the condition of children and met with high government officials including the Presidents of El Salvador and Honduras. She also attended a dinner at the White House, testified before Committees of the United States Senate and House of Representatives, and gave numerous interviews and speeches.

Other Goodwill Ambassadors contributed similarly in the diffusion of UNICEF messages and in winning new partners.

Liv Ullmann addressed several NGOs and incorporated CSD issues in a film she made in France. She also convinced the European Cinema Society to reflect child rights in their statutes. Peter Ustinov supported various National Committees and made statements on behalf of UNICEF in Canada, Italy and the United Kingdom. Sir Richard Attenborough gave the keynote speech to the United Nations Association of the United Kingdom. Harry Belafonte promoted UNICEF's concerns at his concert tour in North America. Tetsuko Kuroyanagi organized a media mission to Angola that resulted in considerable local advocacy as well as a major information and fund-raising campaign in her home country, Japan. Sports Ambassador Katarina Witt arranged special ice-skating performances for the benefit of the National Committees of the German Democratic Republic and Sweden. Imran Khan, who was appointed UNICEF Special Representative for Sports in December 1988, visited CSDR projects in his native Pakistan and also assisted the EPI campaign in Bangladesh.

In March the Spanish singer Julio Iglesias was appointed UNICEF Special Representative for the Performing Arts and agreed to give benefit concerts for UNICEF for the next five years.

At the United Nations, other special events generated substantial support for the Convention on the Rights of the Child. The celebration

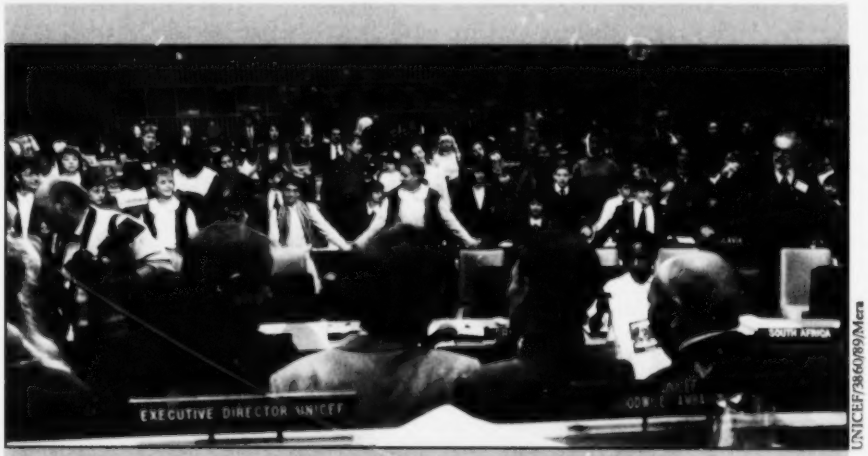
UNICEF/3039/89/Mera

UNICEF/3770/89/Mera

UNICEF/3784/89/Isaac

Celebrities continue to use their talents on behalf of UNICEF. Katarina Witt gave skating performances and Julio Iglesias concerts. Audrey Hepburn travelled to Asia, Africa and Latin America in support of children in distress.

of World Children's Day at the United Nations on 23 April was attended by children from around the world who expressed their support for the Convention. A children's celebration was held on the occasion of the adoption of the Convention. And a group of children from several countries sailed from Nantes in France to New York through Dakar and Martinique along the former route of the slaves, to support the Convention.



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UNICEF/3871/89/Mera

UNICEF/3859/89/Mera

After the Convention on the Rights of the Child was adopted on 20 November, 500 children from around the world gathered at the United Nations to celebrate. Children of the UN International School presented a scroll, and six children — from Bolivia, Costa Rica, Cyprus, Nepal, Trinidad and the USSR — representing 150 children from 75 countries, read aloud special messages expressing the views of the children of the world.

National Committees for UNICEF

National Committees generated about 20 per cent of the resources of UNICEF, and structural changes to strengthen their collaboration with the secretariat continued in 1989. A National Committees Section was established in New York, the Geneva Office provided operational support to Committees in Europe, and, in several Eastern European countries, National Committees which were of governmental nature were in the process of becoming private entities.

Highlights of the year included the participation of National Committees in an open dialogue on the challenges of the 1990s; a Paris round table on the subject, 'Today's Children – Tomorrow's World'; and the involvement of three National Committee members with a group that carried out an evaluation of UNICEF external relations.

The annual meeting of National Committees was held in Geneva in May; the Standing Group met regularly to strengthen links with the secretariat; and Committee leaders came together for several workshops to improve and share information related to fund-raising and development education, and for the promotion of sales of greeting cards and other products.

All National Committees were involved in major drives for the adoption of the Convention on the Rights of the Child, and all supported the idea of a World Summit for Children.

Non-governmental organizations

Collaboration with national NGOs and the affiliates of international NGOs expanded significantly in 1989 and was most evident in efforts to secure adoption of the United Nations Convention on the Rights of the Child.

Among UNICEF's most active partners during the year were Rotary International, Jaycees International and the scouting movements, who mobilized their members at national and local levels to support immunization efforts and the fight against diarrhoeal diseases. UNICEF also benefited from the continued support of

such bodies as the International Pediatric Association and the International Council of Nurses, and forged new links with La Leche League to promote breast-feeding.

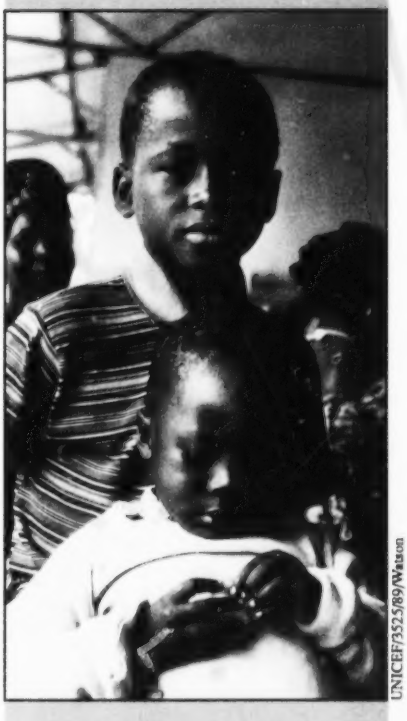
The 10th anniversary of IYC and the passage of the United Nations Convention on the Rights of the Child offered a special opportunity to expand co-operation with NGOs in the overall area of child rights. Defence for Children International, the International Catholic Child Bureau and Save the Children played leading roles in support of the Convention's adoption. At regional and country levels, UNICEF worked closely with individual Save the Children organizations, Childhope, the International Society for the Prevention of Child Abuse and Neglect and other bodies.

Two important contributions during the year were the publication of 'Caught in the Cross Current', an analysis of progress for children since IYC, and the forward-looking international NGO Forum, 'Challenge for the 1990s...Planning for Children'.

Parliamentarians and religious leaders

During the year, UNICEF established solid working relations with the world's three largest organizations of parliamentarians: the Inter-Parliamentary Union, the Global Committee of Parliamentarians on Population and Development, and the Commonwealth Parliamentary Association. The Global Forum of Spiritual and Parliamentary Leaders on Human Survival and the World Conference on Religion and Peace also confirmed their commitment to the advocacy of children's rights by including related issues as key agenda items in their international conferences.

Also during the year, UNICEF helped to promote the establishment of a Parliamentary League on Children, Population and Development in the Democratic People's Republic of Korea, with the support of senior political leaders, and the Africa Parliamentary Council held national workshops in Sierra Leone, Liberia and the Gambia for parliamentarians and media representatives. This was a follow-up to a successful gathering of parliamentarians and the media in Botswana in 1988.



UNICEF/3525/89/Watson

UNICEF/3728/89/Gmciano

UNICEF relies heavily on grass-roots organizations mobilized by NGOs and UNICEF National Committees to help support its efforts on behalf of mothers and children.

Fund-raising

Despite world-wide economic difficulties and the tendency of some donors to cut or freeze development assistance, total income for UNICEF in 1989 is US$667 million, including supplementary funds, emergency assistance and Greeting Card Operation proceeds.

The Governments of Finland and the Soviet Union led other donors in the size of contribution increases for the year. Their total inputs in 1989 were US$31 million and US$19 million respectively. The United States, Sweden and Italy maintained their positions as the top three contributors to UNICEF, and India remained the largest donor to general resources among programme countries.

Of the US$667 million total, about US$423 million is from general resources, and US$244 million from supplementary funds including US$57.3 million for emergencies. If one excludes from general resources the US$43.5 million that occurred in 1988 as a result of a one-time accounting adjustment from GCO, general resources in 1989 would show an increase of 7.4 per cent. The level of supplementary funding, however, remained 9.5 per cent behind the 1988 figure, which resulted largely from an extraordinary mobilization of funds to meet the needs of Operation Lifeline Sudan in its first year. If however, one takes into account the approved figures in the medium-term plan of US$428 million for general resources and US$210 million for supplementary funds, income from general resources in 1989 was 1.2 per cent less than the medium-term plan figure, and supplementary funds were 16.2 per cent higher.

Especially noteworthy in 1989 was the success of the UNICEF proposal on debt relief for CSD. While the funds received (US$300,000) were modest, this approach set a precedent which was well received in many quarters and will spur greater efforts from a larger number of partners in 1990.

Another effort which will continue into 1990 is the push to maintain momentum for UCI through fund-raising support from UNICEF National Committees.

Emergencies remained high on the fund-raising support list, with Operation Lifeline Sudan at the top, fol-

lowed by Mozambique, Afghanistan, Iran, Iraq and Ethiopia. Some US$16.6 million has been raised for OLS so far against estimated needs of US$20.5 million.

Greeting Card Operation

The mandate of GCO was expanded in 1989, and its role and position within the structure of UNICEF's external relations were more precisely defined. Following an intensive review, GCO activities are to be closely co-ordinated with other UNICEF divisions and with National Committees and field offices (E/ICEF/1989/AB/L.5).

The GCO mandate was enlarged to cover activities in four areas. They are: the traditional area of product sales; exhibits and promotion; private sector fund-raising support to National Committees and field offices; and special fund-raising events and new initiatives. A new set of rules and regulations governing the administration and financial operations of GCO was approved by the Executive Board and took effect on 1 January 1989. The new rules take account of the enlarged mandate and make it possible for GCO to operate as a business within the United Nations system.

A specialized department has been created within GCO to deal with special fund-raising events and new initiatives (SENI). A Special Events Headquarters Advisory Committee (SEHAC), comprising representatives from all external relations divisions, has also been established to evaluate proposals, monitor their implementation and ensure high-quality cost-effectiveness.

In the 1988-89 season, GCO contributed US$43.2 million to UNICEF general resources – a 13 per cent increase (US$4.8 million) over the previous year, driven by major improvements in sales volume and gross proceeds. During the season, sales of 139 million cards generated revenues of US$98.9 million, and indications are that the 1989-90 season will be even more successful.

Surveys and focus group studies were conducted in a number of markets during the year to establish current market positioning and potential as well as strategic options for the future. Highlights of this activity included the further testing of new product lines and their adaptation to new markets; the completion of a clearer policy on new products; the expansion of the European retail store programme; initiation of a project to strengthen the greeting card sales programme in the United States; the application of cost controls to support a 50 per cent profitability goal; and the computerization of production centres in Singapore and Brazil.

The Danny Kaye Visitors Centre at UNICEF House hosted numerous groups of visitors, and negotiations are under way with the United Nations to develop a joint 'children's tour' of the United Nations and UNICEF.

GCO continued to serve as the UNICEF focal point for the National Committees' working group on direct mail fund-raising. GCO has provided a number of direct mail packages which have been adapted to specific countries for use by National Committees to raise additional funds. Close to US$5 million net was raised through these campaigns in 1988, and the results for 1989 are expected to be considerably higher. A similar group has been established to exchange knowledge and experience on private sector fund-raising in the Asia and Pacific regions.

GCO also leads a headquarters task force for private sector fund-raising for UCI. Working with other UNICEF external relations divisions and the United States Committee for UNICEF, it will provide information, documentation, technical advice and fund-raising suggestions for National Committees and field offices which want to raise additional funds for child immunization between 1990 and 1995. An annual target of US$20 million has been proposed, and a number of National Committees have already confirmed their interest in setting up task forces to raise awareness and funds for this purpose. □

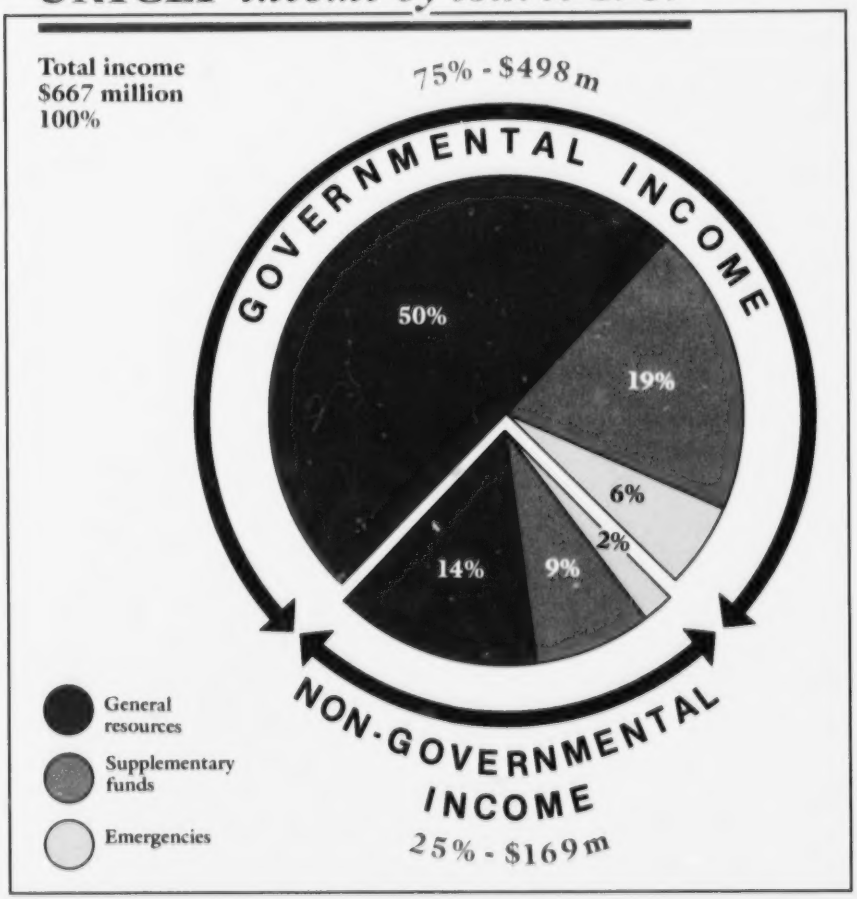
UNICEF's finances: income, commitments and expenditures 1988-1990

Income

UNICEF's income consists of voluntary contributions from governmental and non-governmental sources.

Total income for 1989 was US$667 million (compared with US$711 million for 1988). This includes US$57 million in contributions for emergencies (US$39 million in 1988) of which US$16.6 million was donated for the emergency in Sudan. Total income for 1989 was less than 1988 total income due to the fact that 1988 income included a one-time gain of US$44

UNICEF income by source 1989



million in GCO income caused by a change in accounting policy.

Income from governments and intergovernmental organizations accounted for 75 per cent of total income (70 per cent in 1988), the balance being non-governmental income. The pie chart on page 49 shows this division. Pages 52 and 53 show estimated individual governmental contributions by country for 1989, and a list of estimated non-governmental contributions by country appears on this page.

The income is divided between contributions for general resources (63 per cent), for supplementary funds (28 per cent) and emergencies (9 per cent). General resources are available for co-operation in country programmes approved by the Executive Board, as well as programme support and administrative expenditures.

General resources income includes contributions from more than 120 governments; net income from the sale of greeting cards; funds contributed by the public (mainly through National Committees); and other income.

Contributions are also sought by UNICEF from governments and intergovernmental organizations as supplementary funds to support projects for which general resources are insufficient, or for relief and rehabilitation programmes in emergency situations which by their nature are difficult to predict.

As a result of pledges at the UN Pledging Conference for Development Activities in October 1989, and pledges made subsequently, UNICEF's income for general resources in 1990 is expected to total US$479 million which would represent an increase of approximately 13 per cent over 1989.

Expenditures

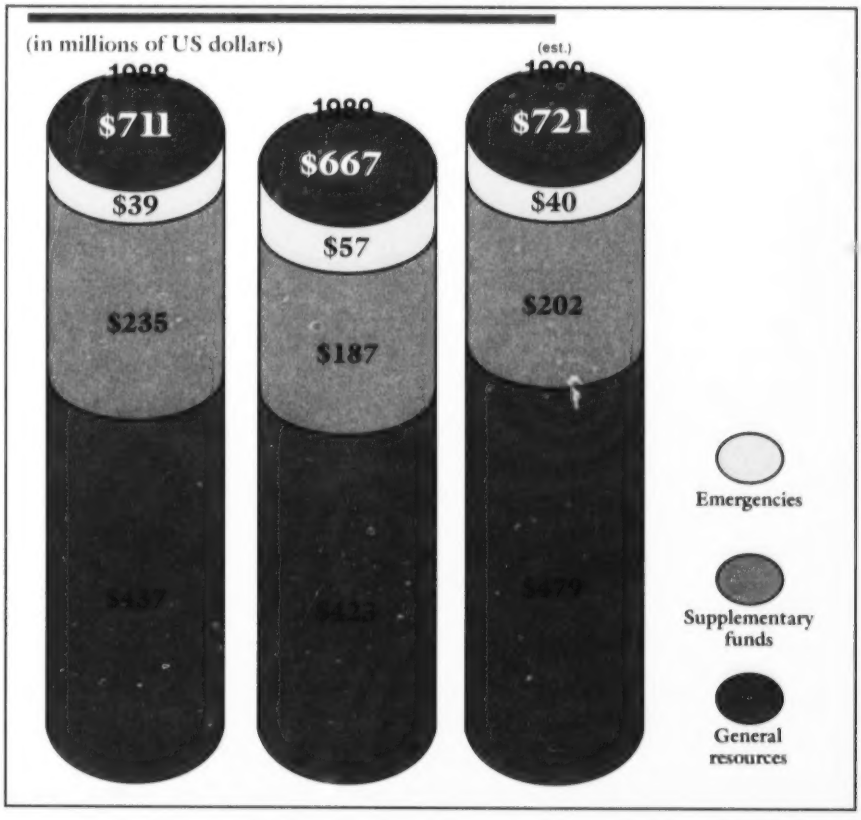
The Executive Director authorizes expenditures to meet recommendations approved by the Board for programme assistance and for the budget. The pace of expenditure depends on the speed of implementation in any country.

1989 non-governmental contributions (in thousan

Countries where non-governmental contributions exceeded $10,000

Algeria	1,190.0	Dominican Republic	38.4
Angola	47.9	Ecuador	126.1
Argentina	289.2	Egypt	38.4
Australia	1,872.2	El Salvador	11.8
Austria	1,403.8	Ethiopia	49.9
Bahrain	101.2	Finland	3,445.0
Bangladesh	31.6	France	13,133.4
Belgium	2,539.7	German Dem. Rep.	278.8
Bolivia	62.6	Germany, Fed. Rep. of	21,054.5
Brazil	4,580.1	Ghana	20.4
Bulgaria	21.8	Gibraltar	18.4
Burkina Faso	29.3	Greece	990.4
Cameroon, Rep. of	16.3	Guatemala	32.0
Canada	14,112.6	Guyana	26.8
Central African Rep.	26.9	Haiti	18.7
Chile	46.8	Honduras	18.5
China	40.1	Hong Kong	185.8
Colombia	382.7	Hungary	259.2
Congo	19.1	Iceland	29.7
Costa Rica	16.8	India	1,882.0
Côte d'Ivoire, Rep. of	73.1	Indonesia	143.0
Cuba	86.7	Iran	842.4
Cyprus	121.1	Iraq	465.3
Czechoslovakia	487.1	Ireland	530.1
Denmark	1,670.2	Israel	12.7
Djibouti	21.7	Italy	5,440.0

UNICEF income 1988-90



US dollars)

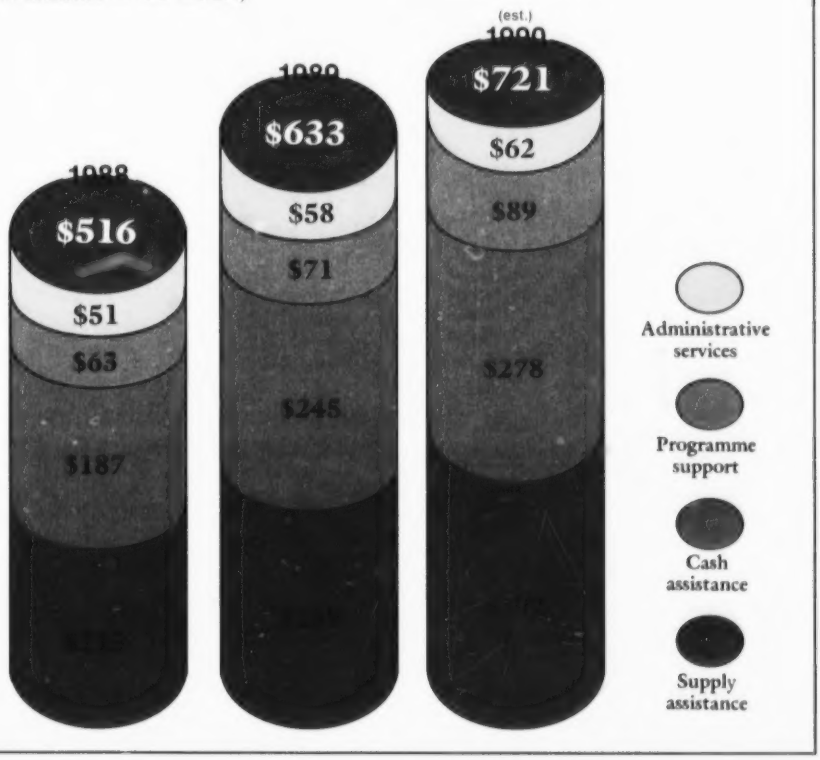
(figures include proceeds from greeting card sales)

Jamaica	15.7
Japan	14,640.3
Jordan	63.7
Kenya	44.1
Korea, Rep. of	96.7
Kuwait	33.0
Lebanon	42.8
Liberia	15.4
Luxembourg	558.9
Madagascar	29.5
Malawi	13.1
Malaysia	60.0
Mauritania	10.4
Mauritius	10.7
Mexico	347.9
Monaco	33.9
Morocco	234.9
Mozambique	35.5
Myanmar	25.3
Netherlands	12,268.5
New Zealand	646.3
Nicaragua	36.0
Niger	23.4
Nigeria	194.6
Norway	1,406.6
Oman	39.4
Panama	12.6
Paraguay	38.1
Peru	108.2
Philippines	106.4
Poland	943.3
Portugal	389.0
Qatar	26.2
Romania	23.2
Saudi Arabia	232.6
Senegal	112.6
Sierra Leone	16.3
Singapore	48.9
Somalia	13.2
Spain	7,416.6
Sri Lanka	21.4
Sudan	459.6
Sweden	2,267.4
Switzerland	9,215.0
Syrian Arab Rep.	163.4
Tanzania, United Rep. of	122.4
Thailand	51.9
Trinidad & Tobago	20.0
Tunisia	80.4
Turkey	364.8
Uganda	35.1
United Arab Emirates	106.2
USSR	1,642.6
United Kingdom	3,718.1
United States of America	28,362.7
Uruguay	152.9
Venezuela	50.5
Yemen Arab Republic	22.4
Yugoslavia	1,207.7
Zaire	131.1
Zambia	23.7
Zimbabwe	13.2
Contributions from UN Staff	265.6
Contributions under $10,000	141.7
TOTAL	**167,435.9**
Plus GCO fiscal period adjustment	6,017.0
Less costs of Greeting Card Operations*	(35,825.4)
Net available for UNICEF assistance	137,627.5

**Costs of producing cards and brochures, freight, overhead, adjustments.*

UNICEF expenditures 1988-90

(in millions of US dollars)



In 1989, UNICEF's total expenditures amounted to US$633 million (1988 US$516 million), summarized as:

Programme

1988	US$402 million
1989	US$504 million

Cash assistance for project personnel

1988	US$62 million
1989	US$74 million

Training costs and local expenses

1988	US$125 million
1989	US$171 million

Supply assistance

1988	US$215 million
1989	US$259 million

Programme support

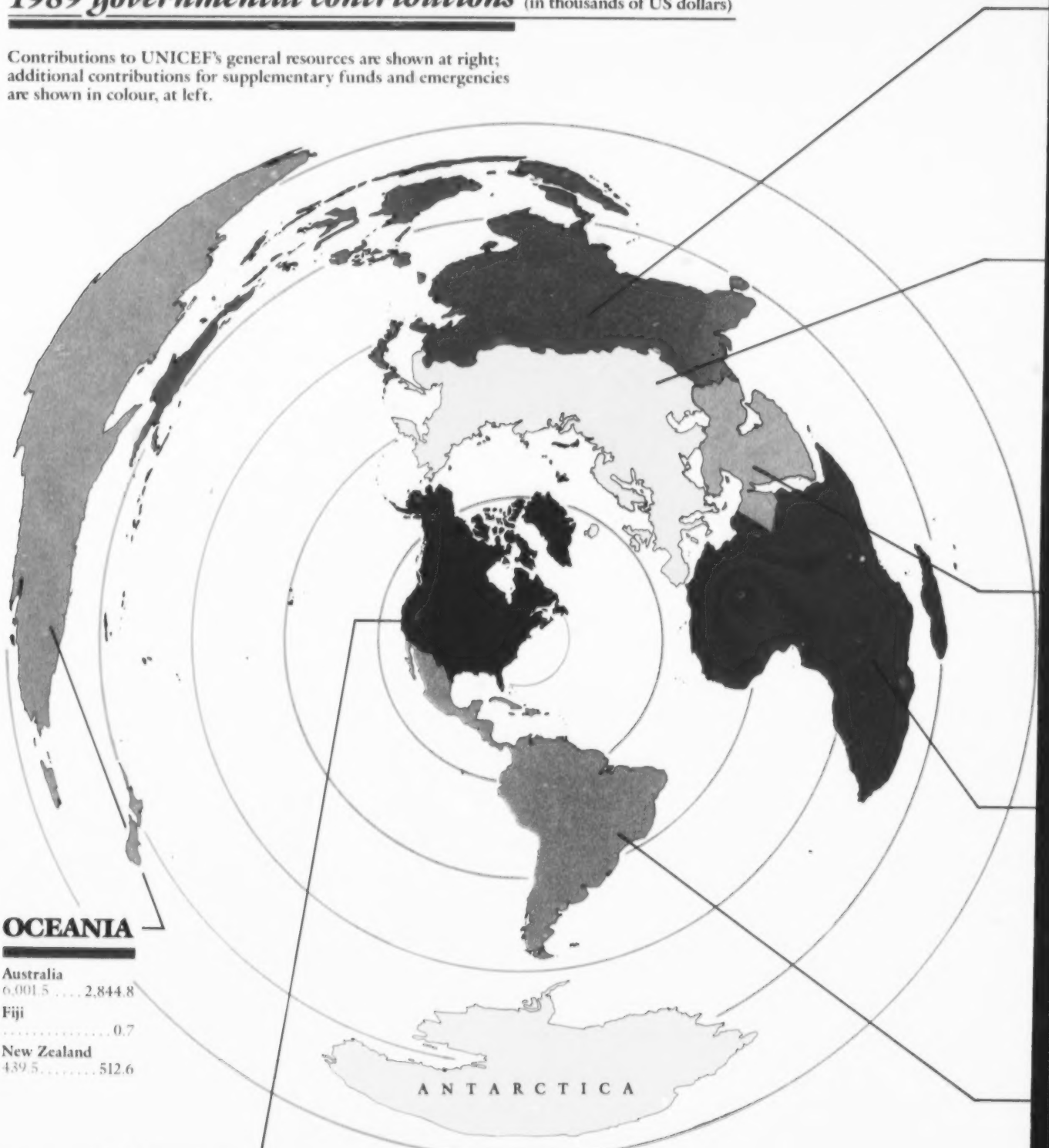
1988	US$63 million
1989	US$71 million

Administrative services

1988	US$51 million
1989	US$58 million

1989 governmental contributions (in thousands of US dollars)

Contributions to UNICEF's general resources are shown at right; additional contributions for supplementary funds and emergencies are shown in colour, at left.



The World on the Azimuthal Equidistant Projection centered at New York City.

OCEANIA

Australia
6,001.5 ..... 2,844.8

Fiji
..... 0.7

New Zealand
439.5 ..... 512.6

NORTH AMERICA

Canada
19,998.4 ..... 12,831.7

United States of America
10,582.9 ..... 57,400.0

ASIA

Afghanistan 35.0
Bangladesh 9.7
Bhutan 5.8
China 600.0
Hong Kong 24.3
India 1,850.9
Indonesia 300.0
Japan 10,228.5 ... 20,430.0
Korea, Democratic People's Republic of 22.7
Korea, Republic of 330.0
Lao People's Democratic Republic 5.0
Malaysia 84.3
Maldives 4.1
Mongolia 8.0
Myanmar 228.0
Nepal 4.9
Pakistan 172.9
Philippines 244.1
Sri Lanka 15.0
Thailand 273.3
Viet Nam 7.0

EUROPE

Austria 1,241.5
B.S.S.R. 1,414.1
Belgium 400.0 ..... 1,733.3
Bulgaria 42.7
Czechoslovakia 100.0
Denmark 13,147.6 ... 13,315.0
European Economic Community 4,723.0 .....
Finland 4,199.7 ... 26,995.3
France 939.9 ..... 6,156.0
German Democratic Republic 407.6
Germany, Federal Republic of 2,259.9 .... 8,465.6
Greece 150.0
Holy See 2.0
Hungary 35.8
Iceland 26.4
Ireland 172.3
Italy 27,776.1 .. 35,442.6
Luxembourg 57.7 ..... 60.2
Malta 5.8
Monaco 9.4
Netherlands 3,011.8 .... 12,651.4
Norway 15,425.7 .. 32,200.5
Poland 8.3
Portugal 25.0
Romania 9.8
San Marino 14.1
Spain 1,710.9
Sweden 31,667.6 .. 44,350.9
Switzerland 8,336.6 .... 9,940.1
Ukrainian S.S.R. 1,626.0
U.S.S.R. 16,003.7
United Kingdom 2,649.4 ... 13,029.7
Yugoslavia 250.0

MIDDLE EAST

Arab Gulf Fund 811.0 .....
Algeria 50.0
Cyprus 1.0
Democratic Yemen 8.9
Djibouti 1.0
Egypt 26.3
Iraq 96.8
Israel 50.0
Jordan 18.5
Lebanon 9.3 .....
Morocco 66.8
Oman 34.8 .....
OPEC Fund, The 100.0 .....
Saudi Arabia 1,000.0
Sudan 10.2
Syrian Arab Republic 22.3
Tunisia 56.2
Turkey 50.0
United Arab Emirates 570.7
Yemen 22.3

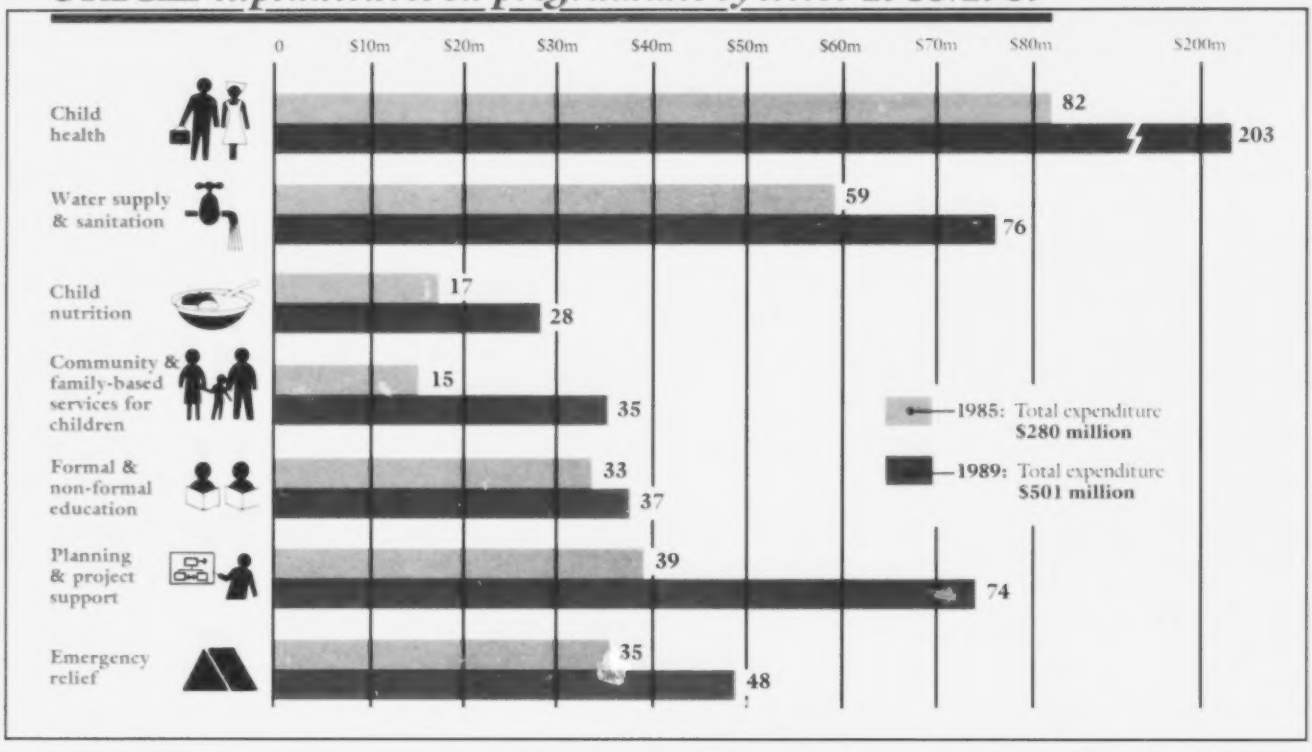
AFRICA

Angola 3.0
Botswana 7.4
Burkina Faso 0.8
Burundi 2.0
Central African Republic 4.6
Comoros 3.0
Côte d'Ivoire 47.2
Ethiopia 49.3
Ghana 5.0
Kenya 18.5
Lesotho 1.3
Liberia 5.0
Madagascar 2.2
Mauritius 3.7
Niger 9.9
Nigeria 6,084.9 ..... 300.0
Rwanda 4.0
Sierra Leone 2.9
Somalia 0.2
Swaziland 2.7
Tanzania, United Republic of 6.1
Uganda 14.2 ..... 2.7
Zaire 2.0
Zambia 22.2
Zimbabwe 16.2

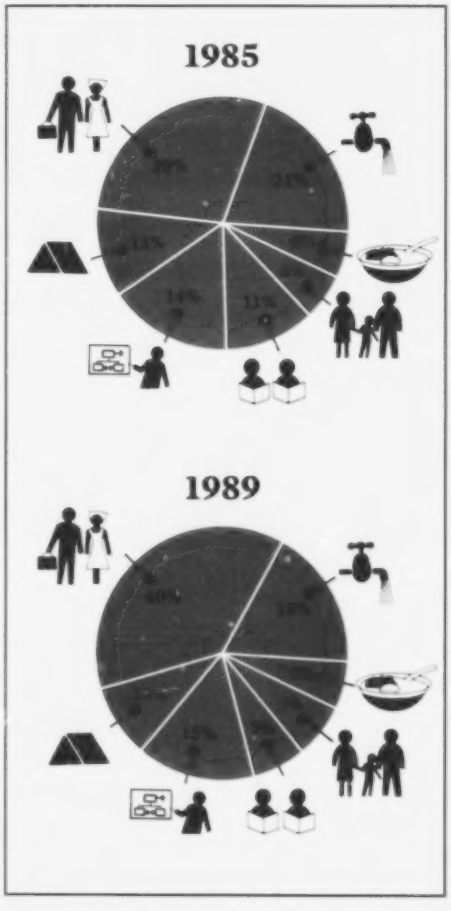
LATIN AMERICA

Argentina 150.0
Bahamas 6.2
Barbados 2.0
Bolivia 59.0 ..... 3.0
Brazil 100.0
British Virgin Islands 0.2
Chile 70.0
Colombia 454.3
Costa Rica 12.8
Cuba 73.2
Dominica 0.7
Ecuador 25.0
Guatemala 3.8
Guyana 1.5
Honduras 20.0
Jamaica 3.1
Mexico 69.2
Nicaragua 4.7
Panama 25.0
Saint Kitts and Nevis 0.9
Saint Lucia 5.2
Uruguay 15.0

UNICEF expenditures on programmes by sector 1985/1989



The chart on page 53 shows expenditures on programme assistance for 1988 and 1989, and estimated 1990. The bar and pie charts on this page show programme expenditures by sector in 1985 and 1989, by amount and proportion respectively.



Financial plan and prospects

Based upon the results of the 1989 Pledging Conference and recent trends UNICEF expects to maintain and expand upon its current level of contributions from governments for both general resources and supplementary funded projects. UNICEF is also encouraging the non-governmental sector, through the National Committees and NGOs, to further expand their important contributions. The benefits of other forms of fund-raising are also being examined.

At the April 1990 session of the Executive Board, proposals for new or extended multi-year programme co-operation in 25 countries will be submitted. UNICEF currently co-operates in programmes in 128 countries. The proposed new recommendations total US$250 million from UNICEF's general resources and US$674 million for projects deemed worthy of support if supplementary funds are forthcoming. Programme recommendations, from general resources for all countries including those for which recommendations from general resources are being proposed at the 1990 Executive Board session, are shown on the table on pages 30 and 31. A medium-term plan covering the years 1989-1993 will be submitted to the Executive Board at its April 1990 session.

Biennial budget 1990-1991

The goal of the most recent budget exercise was further consolidation and streamlining through the restructuring of regional offices and headquarters offices outside New York, as well

as upgrading country offices and establishing new ones so as to achieve the greatest savings while maintaining the effective delivery of programmes. The 1990-1991 biennial budget represents an increase of 5.6 per cent in real terms from the 1988-1989 revised budget. The relatively low level of real growth can be attributed to a moderate growth in general terms. Budgeted expenditures against the 1990-1991 biennium amount to US$302 million: US$149 million for 1990 and US$153 million for 1991.

In addition to these streamlining efforts, the 1990-1991 budget addresses the issue of the central financial and accounting system, which reflects the Executive Director's equal concern for sound financial management and accountability. The proposed budget also calls for substantial strengthening of the staff development and training component in the Organization since the most valued resource UNICEF can offer to the countries with which it co-operates is often the knowledge, skills and expertise of its staff.

Liquidity provision

UNICEF works with countries to prepare programmes so that recommendations can be approved by the Executive Board in advance of major expenditures on these programmes. UNICEF does not hold resources to fully cover the cost of these recommendations in advance, but depends on future income from general resources to cover expenditures. The Organization does, however, maintain a liquidity provision to cover temporary imbalances between cash received and disbursed, as well as to absorb differences between income and expenditure estimates.

UNICEF maximizes planned general resource programme expenditures based upon the requirements of the liquidity provision and upon the level of projected general resource contributions. □

AGFUND

The Arab Gulf Programme for the United Nations Development Organizations (AGFUND) continued its assistance to developing countries, mainly through United Nations agencies as well as some Arab NGOs. UNICEF received an important share of AGFUND contributions. The persisting general economic difficulties in the Gulf are still forcing AGFUND to reduce the volume of its assistance across the board.

AGFUND was established in April 1981 by Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates on the initiative of HRH Prince Talal Bin Abdul Aziz. □

Information resources management

In 1989, Programme Division and field office staff formulated revised procedures for programme coding and programme budget control to go into effect beginning 1990. This required corresponding changes in the standard field office computer systems and related headquarters systems.

As part of the revision of central financial systems, a new Treasury System has been acquired, and work is proceeding on new headquarters programme budget control, fund-raising and contributions receivable systems. The Supply Division in Copenhagen will, in 1990, introduce new systems for order registration and processing.

A review is being conducted of UNICEF's electronic information network, which provides National Committees and UNICEF offices with electronic messaging and bulletin board services. □

Human resources management

At the end of 1989, UNICEF numbered 4,466 staff members, including 1,074 international professionals (518 core, 494 non-core, 62 government-sponsored), 552 national professionals (190 core, 362 non-core) and 2,840 general service staff (1,404 core, 1,436 non-core).

These staff were assigned to 196 locations in 106 countries (including Headquarters, regional and country offices, sub-offices and outpostings, and GCO). Out of the total UNICEF staff, 79.4 per cent served in the field.

A number of steps to strengthen human resources planning and personnel management have been implemented, including improvement in personnel procedures and support systems. Major progress has been made in putting in place a computerized and integrated personnel system, including personnel records, candidates' roster, vacancy monitoring, rotation and recruitment processes.

A global staff training and career development strategy is being implemented and will further evolve to support the goals of the 1990s. In 1989 new training packages were developed on the Bamako Initiative, Control of Diarrhoeal Diseases, Nutrition, Management II, Training of Trainers, Personnel, Writing Skills and Effective Presentation. Building on the experience gained and feedback received on previous packages, the 1989 training packages have better layout and are more self-explanatory.

A new planning process has been introduced through which individual, office and organization-wide training needs were analysed and appropriate training programmes identified or developed to meet those needs.

Between 1986 and 1988, the total number of staff members who participated in some form of staff training increased from 753 to 2,690. In 1989, while there was no substantial in-

crease in the number of staff trained, there has been an improvement in the quality of training which resulted mainly from an organization-wide Training of Trainers programme, improved training packages and greater involvement of Training Section staff in the implementation of training programmes.

Within the areas of professional expertise of its staff and visiting fellows, the International Child Development Centre in Florence, Italy, will offer UNICEF staff, and professionals in partner institutions, more intensive study opportunities and experience exchange. One of the major activities organized by the Centre in collaboration with the Training Section in 1989 was the Early Childhood Growth and Development Seminar.

UNICEF is committed to increase the representation of female staff to one third in the professional category by December 1990, and to increase the proportion of women at the senior level. Since March 1985, the overall proportion of women in international professional posts rose from 24.7 per cent to 33.5 per cent. In the national professional officer category, the proportion of women increased from 29.4 to 34.3 per cent during this period.

The Executive Director appointed one woman to the Assistant Secretary-General (ASG) level, one woman to the D-2 level and nine women to the D-1 level since mid-1985. In addition, reflecting the increasing number of women in management of UNICEF field offices, two out of six Regional Director posts, 14 out of 69 Representative posts and 11 out of 28 sub-offices are occupied by women. □

UNICEF/3373/89/Schytte

UNICEF/3370/89/Schytte

Supplies and equipment are shipped from UNIPAC, the Copenhagen warehouse. Many young lives depend on the efficiency of UNICEF's purchasing and delivery services.

Supply management

UNICEF-supported programmes in developing countries are provided with supplies and equipment purchased mostly by the Supply Division, which is located in Copenhagen and New York. Standard items, such as essential drugs, cold-chain equipment and syringes for vaccinations, are stocked and set-packed in the Copenhagen warehouse. An inventory valued at some US$25 million is maintained which provides the opportunity to purchase in bulk while improving delivery to programmes and customers. Other items, for example vaccines, rigs for drilling water wells, and vehicles, are purchased from suppliers for direct shipment to the countries in which they will be used. An increasing amount of programme supplies is purchased locally by UNICEF field offices.

The total value of purchases made during 1989 was approximately US$273 million, an increase of 10 per cent over the previous year. Of this amount, approximately US$78 million was procured in developing countries for use in country programmes. The purchase of vaccines in support of UCI increased from US$35 million in 1988 to US$39 million. Increased demands continue to be placed on the Supply Division for services as a procurement agent to governments and NGOs, with these procurement services amounting to US$44 million.

The value of purchases made by Supply Division continues to increase, and as a result the continued pressure in the markets of interest to UNICEF has ensured that manufacturers' prices are held at an acceptable level. Continuous attention has been given to ensuring the efficiency of UNICEF's world-wide purchasing activities. □

Glossary

AIDS	acquired immunodeficiency syndrome
ARI	acute respiratory infections
CDD	control of diarrhoeal diseases
CSD	child survival and development
EAPRO	East Asia and Pakistan Regional Office (UNICEF)
ECA	Economic Commission for Africa
EPI	expanded programme on immunization
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FAO	Food and Agriculture Organization of the United Nations
GCO	Greeting Card Operation
GNP	gross national product
HIV	human immunodeficiency virus
ICRC	International Committee of the Red Cross
IDD	iodine deficiency disorders
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
IMF	International Monetary Fund
IMR	infant mortality rate
IRM	Information Resources Management
IYC	International Year of the Child
JCGP	Joint Consultative Group on Policy
JNSP	UNICEF/WHO Joint Nutrition Support Programme
MCH	maternal and child health
MENA	Middle East and North Africa region
NGO	non-governmental organization
NYHQ	New York Headquarters
OAU	Organization of African Unity
OLS	Operation Lifeline Sudan
ORS	oral rehydration salts
ORT	oral rehydration therapy
PAHO	Pan American Health Organization
PHC	primary health care
ROSCA	Regional Office for South Central Asia (UNICEF)
TACRO	The Americas and Caribbean Regional Office (UNICEF)
TBA	traditional birth attendant
UBS	urban basic services
UCI	universal child immunization
U5MR	under-five mortality rate
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNDRO	Office of the United Nations Disaster Relief Co-ordinator
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIPAC	UNICEF Procurement and Assembly Centre
USAID	United States Agency for International Development
WATSAN	water and sanitation
WCARO	West and Central Africa Regional Office (UNICEF)
WFP	World Food Programme
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa

Kampuchea: Cambodia as of 3 February 1990
Myanmar: formerly Burma

Further information about UNICEF and its work may be obtained from

Information may also be obtained from the following Committees for UNICEF

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